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ABSTRACT

This Kids Count report examines statewide trends in the well-being of Arizona's children. The statistical portrait is based on 18 indicators of well-being: (1) prenatal care rate; (2) incidence of low birth weight infants; (3) immunization rate for 2-year-olds; (4) availability of state-approved child care spaces; (5) availability of preschool services; (6) lack of health insurance; (7) infant mortality rate; (8) child death rate (ages 1-14); (9) firearm-related deaths; (10) adolescent death rate; (11) teen birth rate; (12) high school dropout rate; (13) juvenile arrest rate for violent crimes; (14) child abuse and neglect reports investigated; (15) substantiated abuse and neglect; (16) children in foster care; (17) foster home availability; and (18) deaths from abuse and neglect. Chapter 1 of the report examines changes in child well-being between 1990 and 1994. Findings indicate that although there have been improvements in the rate of women receiving prenatal care, the proportion of 2-year-olds fully immunized, and the availability of preschool, there have also been increases in the child death rate, firearm-related death rate, high school dropout rate, birth rate of girls younger than 18 years, juvenile arrest rate for violent crimes, teen homicide rate, number of children without health insurance, and number of children in foster care. Chapter 2 focuses on child abuse and neglect findings, and Chapter 3 explores economic findings. Chapter 4 presents the results of a poll of Arizona registered voters regarding the role of families, government, and charities in improving conditions contributing to children's well-being. Appendices present rates for each indicator, references, and data sources. (KDFB)

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Children's Action Alliance (CAA) is a private nonprofit, nonpartisan, policy and advocacy organization dedicated to promoting the well-being of Arizona's children and families.

Through research, publications, media campaigns, and advocacy we act as a strong and independent voice for children who cannot speak for themselves. The fundamental goal of CAA is to bring about a greater understanding by policymakers, business leaders, the media, and the general public of the high economic and social stake that all Arizonans have in the well-being of all our children.

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The State of Arizona's Children

1996

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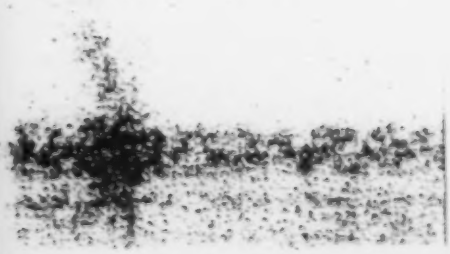
Foreword

There is excitement and hope when we turn our attention each year to gathering statistics that measure the condition of Arizona's children. We wonder if this will be the year when the efforts of so many who are committed to improving the lives of our children will be rewarded with good news. We don't expect miracles, but we probe and graph the data, hoping to map a positive trend, hoping that things for kids are getting better on enough indicators that we have cause to celebrate...if just for a moment.

It was particularly important for us to see improvement at this time because the entire foundation of financial support at the national level for Arizona children who are ill, hungry, destitute, or endangered is at risk of being seriously reduced or eliminated altogether. We have spent many hours in the course of the last year poring over the scenarios for Arizona families that might result should the federal proposals take effect. Most of them are numbing. So we turned to our *State of Arizona's Children* for an infusion of hope.

The first chapter of this report examines changes in child well-being between 1990 and 1994. We did, in fact, find cause



to smile. The rate of women receiving prenatal care was 24% higher. The proportion of two-year-old children who were fully immunized against childhood disease improved by 22%. The number of children with the opportunity to attend comprehensive preschool programs rose by 53%. Focused attention is paying off. Efforts are working.

But we were far short of celebration. The child death rate went up 10%, the firearm-related death rate up 88%, the high school dropout rate up 9%, the birth rate to girls younger than 18 up 8%, the juvenile arrest rate for violent crimes up 6% and the teen homicide rate up 147%.

The number of children 16 and younger without health insurance climbed to more than 160,000. The buying power of state child care subsidies dropped 18% in the past 6 years. During the same period, the number of children in foster care rose by 62% and a third of them have already been waiting for permanent families for more than 2 years.

Almost all indicators of adolescent well-being worsened, many dramatically. A growing number of teens are dying from suicide and homicide, and committing violent crimes. Unmarried Arizona girls are having babies at a rate that outpaces every other state in the nation. Teenagers face poverty and abuse, lack of opportunity, and lack of hope. Many of them grow up in abandoned neighborhoods without jobs, gyms, or libraries, plagued with drugs, violence, unemployment, and crime. We missed our chances to turn their lives around when they were young, and so now we must deal with their rooted dispossession and despair.

One of the most daunting and complex problems before us is the level of violence being directed toward Arizona's children —within their own families. Too many of them have not been protected against the ravages of abuse and neglect at enormous cost to them and to all of us. Our child protective services system is overwhelmed with too many families in crisis and too few caseworkers and services to help them. This problem is given focused attention in the second chapter of this report which is a special section on child abuse and neglect. We ask that you read it with compassion and find some positive way to act on your own outrage at our collective inability to protect our most vulnerable children.

We are always particularly concerned about Arizona's poorest children. Many are without health care, nutrition, preschool education and security. Often their parent or parents are too overwhelmed with surviving to give them enough caring attention. Without concerted effort, the problems of poverty are likely to worsen dramatically. The programs that provide poor children with a safety net are in real jeopardy. And the number of children living in or near poverty continues to grow despite our thriving economy.

The third chapter explores economic reality: Over the past two decades, the gap between the rich and poor has grown tremendously. Families in the middle are getting squeezed, and children are bearing the brunt of the economic change. The percentage of children receiving all types of public services has grown by double digits since 1990 — perhaps a sign of the desperation their families feel in struggling to care for them. In 1995, more than one in seven of the children placed in foster care were taken from their families because their parents lacked the resources or capacity to provide basic necessities.

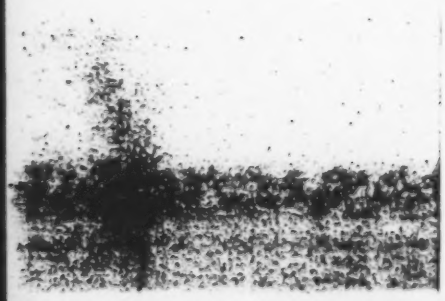
Living with these conditions, Arizonans are united in their desire to see children healthier, better educated, and safer. A public opinion poll of registered voters last June uncovered broad and deep concern about all of Arizona's children, as well as support for making children a higher priority on our public agenda. Voters of all ages, backgrounds, and political parties rejected the argument that there's not much we taxpayers can do to improve the condition of Arizona's children. Arizonans agree that families can't go it alone, and charities can't possibly fill the enormous gap. They say government has a pivotal responsibility to help children and families.

The next few years will be a critical challenge to our evolution as a nation and a state. Certain of our founding principles are being challenged: a basic level of safety and security for all Americans, open doors of opportunity for those who have never known it, and appreciation of the value of our diversity. These implicit values have acted as guardians of our moral conscience as a country and have served as the bond which unites us.

When we fail to act in accordance with these principles, our social fabric begins to tear. We should not be surprised when children who grow up as victims of violence and crime become violent themselves. We should not be surprised when children who grow up without adult guidance and the promise of a future with real opportunity become pregnant too early. We should not be surprised when children who grow up attending schools that are literally crumbling can't graduate or hold a job.

The state of Arizona's children is not acceptable. We rank in the top quarter of the nation in child deaths, births to teens, high school dropouts, juvenile arrests for violent crimes, and violent teen deaths.[1]

No nation or state can strengthen itself by weakening its youth. Ultimately, the wealth of our state is its human capital, and Arizona cannot remain vibrant if we carry an ever-growing burden of wasted human potential. The time for Arizona to take a stand for all of our children is now.



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The State of Arizona's Children 1996 is the third comprehensive look at the status of children and families in Arizona. It is based on indicators that, when taken as a whole, reflect the quality of life for children in our state. This report focuses on data that have been collected over several years, allowing us to examine trends in the status of Arizona's children.

1. HOW WELL ARE OUR CHILDREN DOING?

Rate Trends from 1990 to 1994

Early Care & Education	
Prenatal Care	Better
Low Birthweight Infants	Worse
2-Year-Olds Fully Immunized	Better
State-Approved Child Care Spaces	Much Better*
Preschool Services	Much Better*
Child Health & Safety	
Lack of Health Insurance (1989-95)	Worse
Infant Deaths	Better
Child Deaths (ages 1-14)	Worse
Firearm-Related Deaths	Much Worse*
Youth at Risk	
Adolescent Deaths	Worse
Births to Teens	Worse
High School Dropout Rate	Worse
Juvenile Arrests for Violent Crimes	Worse
Child Abuse & Neglect (1990-95)	
Reports Investigated (percentage)	Better
Substantiated Abuse & Neglect (1991-95)	Better
Children in Foster Care	Much Worse*
Supply of Foster Homes (1992-95)	Worse
Deaths from Abuse & Neglect	Much Worse*

*Indicates a rate change of at least +/- 25%

By and large, the trends in child well-being occurring between 1990 and 1993 continued through 1994. Tables 1 and 2 display summaries of these trends.

Tables 3 through 10 list the indicators, by category, which are established measurements of child well-being. The tables show the number of children experiencing each indicator in 1990 and 1994, and the percentage change during that time. Comparing the percentage change to the percentage growth in the population (shown shaded in the tables) shows whether the frequency or rate of the indicator has risen or declined.

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Calculated rates are displayed in Appendix 1. Data Sources and descriptions can be found in Appendix 3.

VIOLENCE

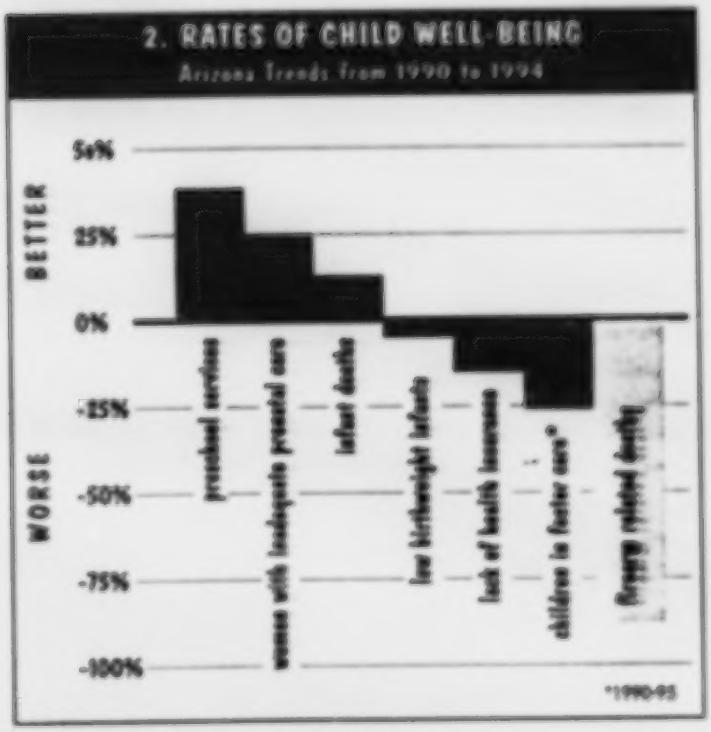
The growing problem of violence in American culture is particularly evident in Arizona's statistics. Arizona's children are increasingly both victims and perpetrators of violence. Guns injured and killed many more children in 1994 than in 1990. The rate of juvenile arrests for violent crimes rose by 6%.

The Arizona Child Fatality Review Team reports that child deaths due to violence are the second leading category of preventable deaths. Their report calls for using prevention and intervention programs to reduce gangs and guns. Another recommendation is the support of gun safety education programs aimed at keeping guns locked up. And the team advocates preventive child welfare services for families, such as a statewide system of home visiting for new parents with a number of risk factors.[2]

The number of children killed by guns shot up 106% in only four years.

CHILDREN AND POVERTY

The most consistent and critical factor that threatens a child's well-being and capacity to reach his or her potential is poverty. It is not a lack of material things that causes harm. It is malnutrition and lack of medical care. It is a lack of security. It is being surrounded by violence. It is being left alone or in



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substandard child care while parents are at work. It is the overwhelming stress that can cause families to crumble.

The child poverty rate in Arizona is worse than the national average. Despite great economic growth since 1980, our child poverty rate has worsened. Almost one in four children in Arizona lived in poverty in 1994, which means that they lived in families of three with annual incomes below $12,320. The substantial percentage of children living in poverty is a warning sign for future problems.

The Safety Net

Both state and federal government have developed programs to serve as a safety net for these children — to help them survive, to buffer the harm poverty can inflict, to increase the chances they will grow into healthy, productive adults. The data in Table 4 demonstrate that more children than ever in Arizona are receiving public services.

In fact, the number of children getting help is growing much faster than the child population as well as faster than the child population in poverty. While Arizona's child population grew by 11% between 1990 and 1994, and the number of children living in poverty rose by 21%, the number of children enrolled in AHCCCS, the state's Medicaid program, grew by 40%; the number of children in families receiving AFDC grew by 59%; and the number in families receiving food stamps grew by 73%.

There are a number of reasons for this upward trend in reliance on the public safety net. First, some eligibility rules have changed and some federal funding has increased, expanding the number of children who can receive services. Of the services shown in Table 4, AHCCCS is the only program that had expanded eligibility rules between 1990 and 1994. The increase in children receiving WIC services is due to an increased infusion of federal funds.

Second, public education and outreach has improved so that more families know they can get services. Efforts have been made to simplify application procedures so that red tape is less of a barrier to families getting help. Perhaps some of these efforts have succeeded.

3. POVERTY

	1990	1994
Arizona Child Poverty Rate	22%	24%
U.S. Child Poverty Rate	21%	22%

4. CHILDREN RECEIVING PUBLIC SERVICES

	1990	1994	% change
Children in Arizona (0-17)	986,009	1,095,621	11%
Poor children (0-17)	218,894	265,140	21%
Children in families receiving AFDC	83,861	133,119	59%
Children in families receiving food stamps	160,595	278,622	73%
Children enrolled in AHCCCS	210,886	295,496	40%
Births covered by AHCCCS	20,183	30,079	49%
Children approved for free & reduced lunch	201,479	279,595	39%
Children identified as limited English proficient	59,913	74,381	24%
Students receiving migrant services	12,235*	13,200	8%
Average number of people served by WIC	67,182	111,390	66%

*1991

Third, the challenges families face have intensified so that asking for help becomes a necessity for survival. Adjusting for inflation, the eligibility rules for AFDC and food stamps were the same in 1994 as they were in 1990. It is probable that the reason so many more children received AFDC and food stamps in 1994 is that families had become more desperately poor.

In less than 2 years, the number of families with children who were turned away from shelters due to lack of space increased by 40%

Other indicators support this hypothesis. Middle class wages have been consistently falling throughout the nation, and wages in Arizona are below the national average. In November 1993, 148 families with children were turned away from homeless and domestic abuse shelters throughout Arizona because of lack of space. By July 1995, that number had increased nearly 40% to 207 families

with children.[3] A recent report by the U.S. Department of Housing and Urban Development examined households with acute housing needs due to very low incomes, high housing expenses or substandard housing. The report found that despite the economic expansion, the number of these struggling households in Phoenix rose 20% between 1989 and 1994. In 1994, 40% of these "worst-case" households were families with children.[4]

EARLY CARE AND EDUCATION

Efforts to give children a healthy start have been gaining community strength since 1990, and their effects are being realized in the areas of prenatal care, infant immunizations, and comprehensive preschool services. (See Table 5).

Early Health Care

The number of pregnant women receiving inadequate prenatal care declined by 22% since 1990 (inadequate care is measured as fewer than five prenatal health care visits during pregnancy). The number of low birthweight births increased despite this improvement in prenatal care. However, the most dangerous "very low" birthweight births (defined as less than three pounds, four ounces) declined by 15%.

The Arizona Partnership for Infant Immunization (TAPII) and its member organizations have been working assertively for over three years to improve immunization rates. These efforts are reaping positive results. The percentage of two-year-old children with full immunizations improved from 46% in 1993 to 56% in 1994 (these data exclude Maricopa County).

Child Care and Preschool

The lack of affordable, high-quality child care is a challenge for families in Arizona. Home child care for less than five children remains unregulated, and so we have no way to measure its availability or quality. The number of child care spaces with some state approval or certification rose by 44% between 1990 and 1994, compared to an 11% growth in the number of children aged 0-12.

Thanks to federal mandates and federal funding, the number of children receiving a publicly funded subsidy for child care increased substantially, by 24% between 1990 and 1994. Unfortunately, the buying power of state-funded subsidies for working families dropped significantly at the same time. State child care subsidies covered 80% of the median cost of child care in 1990, but only 69% of the median cost in 1994[5]. A welcome infusion of both state and federal tax dollars has increased the availability of preschool for disadvantaged children. There was a 53% increase in the number of spaces available, compared to a 10% increase in the number of 3 and 4 year-olds in the state.

5. EARLY CARE AND EDUCATION

	1990	1994	% change
Total births	68,814	70,896	3%
Women with inadequate prenatal care	6,780	5,279	-22%
Low birthweight infants (less than 2,501 grams)	4,451	4,812	8%
Very low birthweight infants (less than 1,501 grams)	876	744	-15%
Newborns in intensive care	2,727	3,450	27%
Percentage of 2-year-olds fully immunized	46%*	56%	—
Children aged 0-6	412,721	457,800	11%
Children aged 3 & 4	120,553**	132,735	10%
State-approved child care spaces	81,837	118,248	44%
Children receiving child care subsidies	20,901	25,965	24%
Available tax-funded preschool slots	13,787**	21,153	53%

*1993 **1991

CHILD HEALTH AND SAFETY

Health Insurance

The percentage of children with no health insurance continues to climb. As shown in Table 6, an estimated 13% of children were uninsured in 1989 and that grew to 15% in 1995. At the 15% uninsured rate, there would now be more than 160,000 children younger than 17 with no health care coverage.

The state's poorest children are covered by the Arizona Health Care Cost Containment System (AHCCCS). Children in upper income families generally have private health insur-

There are now an estimated 160,000 children in Arizona without any health insurance — and the numbers are growing.

ance. It is the children in working families who are falling into the gap. As more and more employers drop dependent coverage as part of their compensation package for employees, working families are finding themselves without health security for their children.

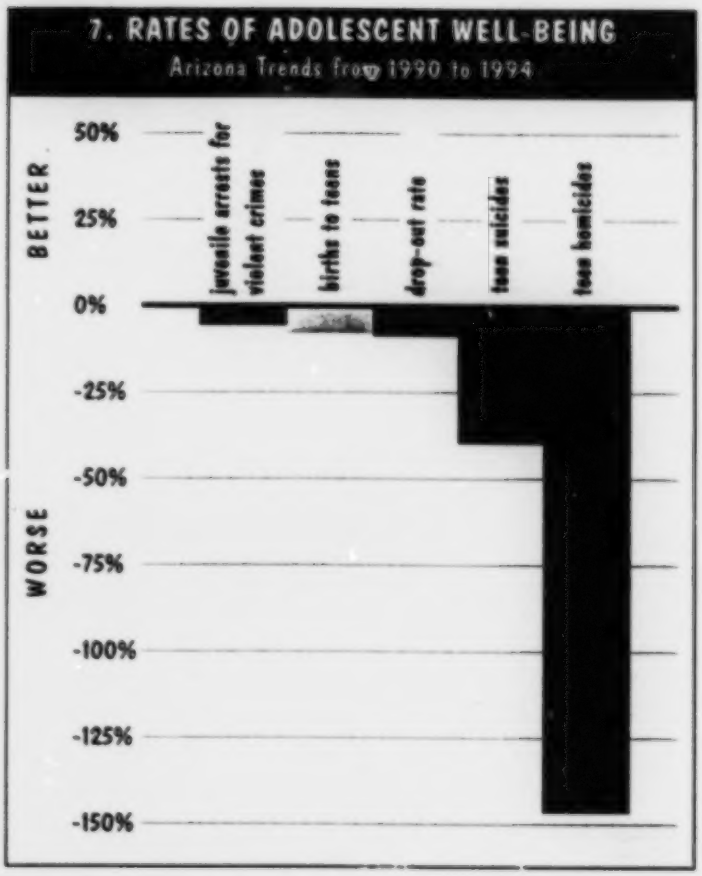
Injuries and Deaths

Infant deaths decreased since 1990 by 7%, but the number of child deaths increased by 22%, twice the increase in the child population. Child injuries and deaths due to guns exhibited dramatic trends: a 38% increase in the number of hospitalizations and a 106% increase in deaths.

6. CHILD HEALTH & SAFETY IN ARIZONA

	1990	1994	% change
Child population			
Ages 0-1	63,789	68,155	7%
Ages 0-19	1,100,575	1,205,818	10%
Percentage of children with no health insurance (0-16)	13%*	15%**	—
Infant deaths	602	557	-7%
Child deaths (1-14)	258	316	22%
Firearm-related hospitalizations (0-19)	262	362***	38%
Firearm-related deaths (0-19)	65	134	106%
Child drownings (0-4)	17	26	53%
Reported cases of sexually transmitted diseases (0-19)	4,786	4,678	-2%
Diagnosed cases of HIV/AIDS (0-19)	17	25	47%

*1989 **1995 ***1992



Sexually Transmitted Disease

The reported cases of sexually transmitted diseases declined by 2%, but the number of Arizona youth diagnosed with HIV or AIDS rose by 47%.

YOUTH AT RISK

The changes in Arizona's adolescent population provide the most alarming data in this report(See Charts 7 and 8). While the number of youth aged 15-19 rose by only 5% between 1990 and 1994, adolescent deaths were up 28%. Teen homicides increased by 161% and teen suicides by 48%.

Arizona teens are showing signs of serious trouble. In four years, teen suicides went up 48% and teen homicides went up by an incredible 161%

Guns

Between 1990 and 1992, guns hospitalized 38% more 15-19-year-olds and 58% more 5-14-year-olds. Guns killed a lot more children, too; 113% more 15-19-year-olds and 50% 5-14-yeaar-olds between 1990 and 1994.

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8. YOUTH AT RISK IN ARIZONA

	1990	1994	% change
Population 5-14	537,758	596,241	11%
Population 15-19	262,827	276,286	5%
Female population 10-17	197,697	222,048	12%
Births to teens (10-17)	3,611	4,378	21%
Firearm-related hospitalizations (5-14)	76	120*	58%
Firearm-related hospitalizations (15-19)	144	199*	38%
Adolescent deaths (15-19)	236	303	28%
Firearm-related deaths (5-14)	10	15	50%
Firearm-related deaths (15-19)	54	115	113%
Teen homicides (15-19)	28	73	161%
Teen suicides (15-19)	42	62	48%
Teens dropped out of school	21,689*	25,359	17%
High school dropout rate	11%*	12%	—

*1992

Births to Teens

In the same way that violent behavior becomes an outlet for kids in trouble, pregnancy is a common outcome for young girls who are desperately seeking a life with more love, hope, and opportunity. Nearly 4,400 babies were born in 1994 to teenage mothers younger than 18. This was up 21% between 1990 and 1994 (compared with only a 12% increase in the female teenage population). In 1993, Arizona had the 6th highest rate of births to teens in the nation.

Education

Our ability to keep young people in school is also worsening. The number of teens dropping out of high school increased from 21,689 in 1992 to 25,359 in 1994. This translates to a 9% increase in the drop-out rate, with almost one of every eight high school students dropping out in 1994.

JUVENILE CRIME

Arrests

Table 9 shows that the total number of juvenile arrests between 1990 and 1994 grew almost twice as fast as the juvenile population. These arrests cover a wide range of violations including disorderly conduct, drug and alcohol possession, and curfew violations.

Arrests for violent crimes grew slightly slower than total arrests and remain less than 4% of all arrests. Due to increased enforcement, arrests for runaway and curfew violations rose by 71%. And arrests for drug offenses grew by a dramatic 212%, reflecting the growing problem of substance abuse in our communities.

9. ARIZONA YOUTH IN THE JUVENILE JUSTICE SYSTEM

	1990	1994	% change
Juvenile population 8-17	516,567	576,106	12%
Juvenile Arrests	53,096	64,647	22%
Juvenile arrests for violent crimes	1,928	2,272	18%
Juvenile arrests for drug crimes	1,261	3,930	212%
Juvenile arrests for runaway & curfew violations	9,911	16,976	71%
Admissions to detention	16,212	16,847	4%
Juveniles committed to the Department of Juvenile Corrections	908	933	3%
Average monthly juvenile population in secure care	534*	473	-11%
Juvenile cases transferred to adult court	167	669	301%

*1993

Dispositions

Once a youth is referred to juvenile court, there are a variety of possible dispositions for their case. In fiscal year 1995, approximately half were assigned to diversion programs, 1% were transferred to adult court, 2.5% were committed to the Department of Juvenile Corrections, 16% were placed on probation or intensive probation.

The small increases in admissions to county detention and commitments to the Department of Juvenile Corrections relate in part to limited bed space and limited resources to serve youth in those systems. The decline in the secure care population is a result of the population caps in the *Johnson vs. Upchurch* consent decree.

The 301% increase in juvenile cases transferred to adult court reflects the increasingly violent nature of some crimes committed by juveniles as well as a prevalent desire to get tougher on juvenile criminals. Unfortunately, there is no evidence that moving more juvenile cases into adult court provides greater deterrence or better protection of public safety. In fact, despite the "get tough" image of transfers to adult court, only one third of juveniles transferred end up in prison. The rest are acquitted or placed on probation.[7]

CHILD ABUSE AND NEGLECT

We have data on child abuse and neglect indicators through fiscal year 1994/95 (shown in Table 10). The number of reports of child abuse and neglect to Child Protective Services declined by 16% during that time, however the number of reports needing investigation rose by 23%. On a positive note, the percentage of reports that were investigated rose and the percentage of investigations finding substantiated abuse or neglect fell.

There are other sobering statistics. More than 2,500 reports involving an estimated 4,250 children remain uninvestigated. We will never know what kind of jeopardy those children are in unless their problems escalate to the point where they can no longer be ignored. The number of children reported killed from abuse and neglect more than doubled, rising from 10 deaths in 1990 to 27 in 1995.

The number of children living in foster care rose by 44% between 1990 and 1995 — much faster than the increase in the child population and much faster than the increase in the number of substantiated reports. The increase in the foster care population signals that the severity of child abuse and neglect is intensifying and the system is failing to prevent crises and failing to help keep troubled families together.

An additional warning signal is the very small increase in the number of licensed foster homes between 1992 and 1995. The system has become overwhelmed and is unable to keep up

10. CHILD ABUSE AND NEGLECT

	1990	1995	% change
Children aged 0-17	986,009	1,126,167	14%
CPS reports of child abuse & neglect	37,928	31,809	-16%
CPS reports needing investigation	22,939	28,254	23%
CPS reports investigated	20,029	25,959	30%
% investigated	87%	92%	—
CPS reports needing investigation and not investigated	2,910	2,295	-21%
CPS reports substantiated	11,200*	12,077	8%
% investigations substantiating abuse & neglect	52%*	46%	—
Children in foster care	3,374	4,857	44%
Licensed foster homes	1,707**	1,741	2%
Deaths from abuse & neglect	10	27	170%

*1991 **1992

with demands. This raises the possibility of children being placed in unhealthy and dangerous situations.

The potential for tragedy behind these numbers prompted us to investigate the conditions of the child protective services and foster care systems further. Our findings are in Chapter 2.

FUTURE PROSPECTS

The behavior of our young people signals an unprecedented decline in their quality of life. These trends serve as warnings as we observe more and more of Arizona's children bearing children and arms while they are still children themselves, dropping out of school and threatening their opportunity to escape poverty, and acting out their struggles with criminal behavior.

WHY DO THESE NUMBERS MATTER?

CHILD POVERTY: Growing up in very low income families has been associated with a host of negative outcomes for children including less adequate prenatal care, low birthweight, higher infant mortality, slower cognitive development, lower levels of school readiness, and lower levels of educational and socioeconomic attainment as adults.

PRENATAL CARE: The receipt of early and ongoing prenatal care increases the chances of delivering healthy, full-term, normal weight babies. Adequate prenatal care can encourage good health habits during pregnancy and can lead to early detection of medical problems. Early care can also reduce health care costs for neonatal intensive care.

LOW BIRTHWEIGHT: The weight of a baby at birth is a key indicator of newborn health, and is directly related to infant survival, health and development. Low birthweight infants are more likely to die during the first year. They are also more likely to experience disabilities and health problems that interfere with normal development and progress in school, such as mental retardation, visual and hearing defects, and learning difficulties.

IMMUNIZATIONS: Immunizing children on time effectively protects them from a host of debilitating and sometimes deadly childhood diseases. The Federal Public Health Service currently recommends that children receive nine different vaccines (all requiring multiple doses) before children start school, most before age 2. Immunization campaigns can help connect the family with an ongoing source of quality health care, so that immunization status may also be a proxy measure for access to well-child care.

TAX-FUNDED COMPREHENSIVE PRESCHOOL: Children's experiences during early childhood affect later success in school. Research shows that high-quality early childhood programs and parenting education can improve the development of young children who are at risk of early failure in school due to poverty or dysfunctional family and home life. Longitudinal studies indicate that young adults who participated in these programs as children have increased their chance of success at school and work.

STATE APPROVED CHILD CARE SPACES: When parents go to work, children need to be cared for in settings that protect their physical health and safety, provide individual attention, and support their social and intellectual development. Child care in some home settings is not regulated. Although regulations cannot ensure high-quality child care, they are important to establish minimum standards.

WHY DO THESE NUMBERS MATTER?

STATE AND FEDERAL CHILD CARE SUBSIDIES: The affordability of child care is a significant issue for many families. Poor families spend a substantially greater proportion of their income on child care than do nonpoor families. A 1994 study by the U.S. General Accounting Office concludes that child care subsidies are important for the success of efforts to move low income mothers from welfare to work.

CHILDREN WITH NO HEALTH INSURANCE: Without access to doctors, hospitals, and medicine, children often suffer disease, disability, and death — much of it preventable. Children in the poorest families have health insurance through Medicaid, and children in upper income families generally have private health insurance. As the availability of employer-based health insurance diminishes, it is the children in working families who lack health insurance.

GUN-RELATED HOSPITALIZATIONS AND DEATHS: Accidental shootings result from parental neglect of safety precautions. The rising statistics reflect the fact that young people are using guns to commit crimes and to settle interpersonal grievances more than ever before. Teenagers report easy access to guns and fear of becoming victims of violence. Non-fatal firearm injuries cause substantial health and social upheaval, as well as significant economic losses. Children can be scarred emotionally by exposure to violence in their homes, neighborhoods, and schools.

SEXUALLY TRANSMITTED DISEASE, AIDS and HIV AMONG TEENS: Sexually-transmitted diseases are indicators of adolescent risk-taking behaviors: unprotected sexual activity and drug use. This is also, in part, a measure of teens' access to health education, health care, and family planning services.

TEEN BIRTHS: Single teen parenthood is a predictor of future economic hardship for both parent and child. Young mothers are less likely to finish high school, and are far more likely to be poor, unmarried, and welfare dependent than those giving birth at later ages. Children born to single teen mothers are more likely to be disadvantaged as children and as adults.

TEEN HOMICIDE: Murders of teens is an indicator of teen delinquent behavior, hostility and anger. It is also a reflection of access to firearms. Most teenage murder victims are killed by other teenagers. Substance abuse is often associated with teen homicides.

WHY DO THESE NUMBERS MATTER?

TEEN SUICIDE: The incidence of teen suicide is an indicator of overwhelming teenage stress and inadequate mental health and community and family support.

HIGH SCHOOL DROPOUTS: Youth who drop out of school are significantly less likely to be regularly employed well into their twenties. The jobs available to those who have dropped out generally are unstable, do not pay well, and have limited opportunities for upward mobility.

VIOLENT YOUTH CRIME: Arrest of youthful offenders for violent crimes is a measure of anti-social and self-destructive behavior.

JUVENILES COMMITTED TO JUVENILE CORRECTIONS: This measure reflects a failure of communities to prevent youth crisis and a lack of response to warning signals. The majority of youth committed to juvenile corrections experienced school failure and had an identified drug or alcohol problem. One third had reports of being physically or sexually abused.

CHILD ABUSE AND NEGLECT: Child abuse or neglect can result in physical harm, death, or profound developmental and behavioral problems. Abused and neglected children may be at greater risk of becoming delinquents and of mistreating their own children. The number of substantiated cases of abuse or neglect suggests the extent to which children's security is threatened rather than protected by the adults on whom they are most dependent.

CHILDREN IN FOSTER CARE: The number of children in foster care reflects the social and family conditions which pose substantial risk to children. Family instability, poverty, crime, violence, homelessness, substance abuse, and serious illness may contribute to the need to find alternative care. Data on the number, condition, length of stay, and outcomes for children in foster care indicate how well the child welfare system is protecting children.

These descriptions are taken from: *The State of America's Children Yearbook 1995*, Children's Defense Fund, Washington, D.C.; *Just the Facts*, National Commission on Children, Washington, D.C., 1993; *Finding the Data: A Start-Up List of Outcome Measures with Annotations*, Improved Outcomes for Children Project, Center for the Study of Social Policy, Washington, D.C., 1995; *Firearms Among Children in Arizona*, Phoenix Children's Hospital, 1993.

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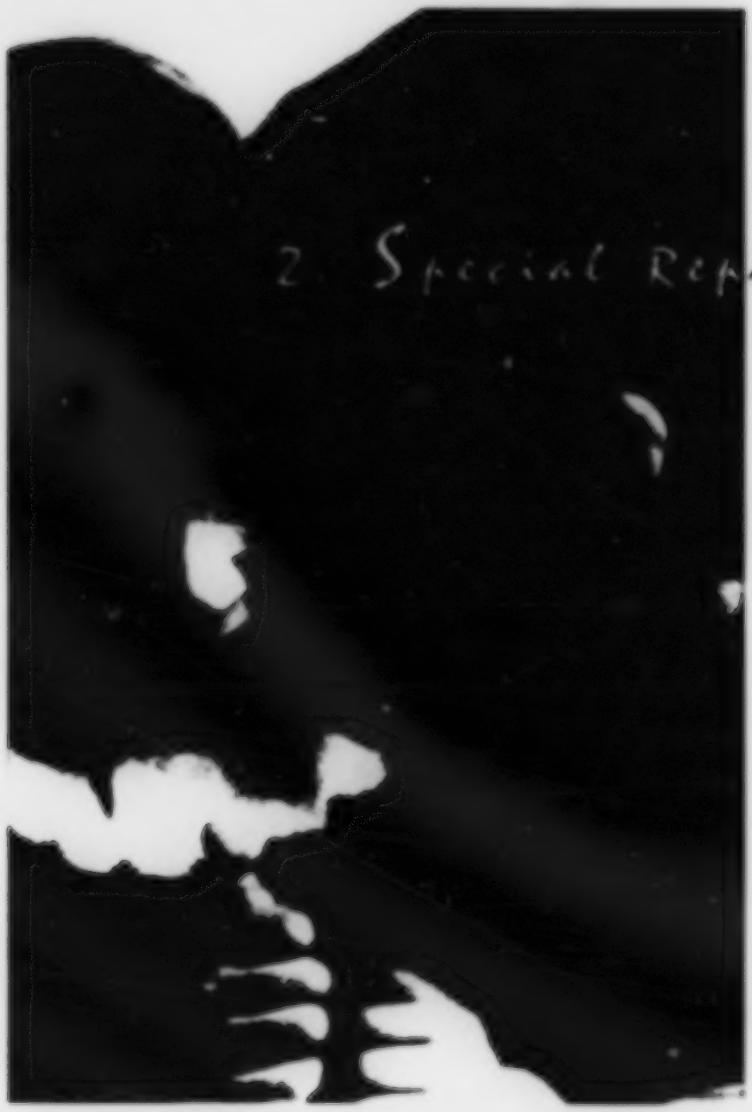

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Child Abuse and Families in Crisis

Child abuse and neglect are part of the tragic story of families in crisis — with tremendously damaging long term consequences. This special report focuses on two critical components in Arizona's system to protect children from abuse and neglect: the Child Protective Services and foster care systems in the Department of Economic Security.

These systems are part of the larger state system for protecting children from abuse and neglect which includes the police, courts, volunteer Court Appointed Special Advocates, volunteer Foster Care Review Boards, contracted group homes and residential facilities, and mental health services. Their collective mandate is to assure safety for the state's children and, if necessary, move abused and neglected children into safe, permanent homes.

The data gathered for this special report raise more questions than they answer. But viewed as a whole, the data confirm two critical conclusions: (1) the state's ability to respond to the risk of abuse and neglect has shrunk to the point that children are left in life threatening situations and desperate families can't get the help they need to keep their children safe. (2) tremendous growth in the number of children needing foster care has overwhelmed the system resulting in children being bounced around from home to home and too many children having no permanent home for far too long.

The reasons are many. The Department of Economic Security (DES) has experienced continuous changes in leadership, severe and chronic underfunding, tremendous environmental pressures, and a reluctance by our elected officials to face the problems head on. Arizona families are experiencing increasing social and economic pressures, and the growing problem of substance abuse has greatly intensified the occurrence of child abuse and neglect.

The results are devastating. Pain and suffering. Lost childhoods. Broken families. And youth who will grow into adulthood, poised for unemployment, crime, and inflicting abuse on the next generation.

11. REPORTS OF CHILD ABUSE

	1990	1991	1992	
CPS reports	37,928	39,548	45,201	→
Reports appropriate for investigation	22,939	24,070	28,340	→
Reports investigated	20,029	21,343	24,851	→
Reports substantiated	N/A	11,200	12,839	→
Appropriate reports not investigated	2,910	2,727	3,489	→

MEASURING CHILD ABUSE AND NEGLECT

Child Protective Services (CPS) is mandated to protect the safety of the state's children. It has the legal authority to get involved with families when children are at risk of abuse or neglect. They receive upwards of 70,000 calls per year, and it is their job to respond.

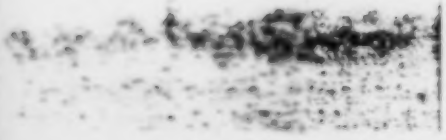
Reports Decline

Between fiscal year 1989/90 and 1992/93, the number of child abuse and neglect reports grew, then the number of reports began to decline (see Table 11). DES projects 32,145 reports in fiscal year 1995/96 — a 33% drop from the peak in 1992/93.

But the number of reports is not the best measure of demand on the CPS system. Some CPS reports cannot be investigated because of lack of basic information (such as the child's name or address), or the nature of the report. Screening those reports out leaves only the number of reports defined as "appropriate for investigation." This is the best measure of input into the child protective services system.

The decline in reports of child abuse and neglect is a function of a new screening system rather than an actual improvement in children's safety.

The number of reports appropriate for investigation grew dramatically in the early 1990s; then the number began to decline slightly. There was a 6% drop in the number of reports "appropriate for investigation" between 1992/93 and 1995/96. Some viewed this drop



1993	1994		1995	1996 projected	% change 1990-96
48,283	45,031		31,809	32,145	-15%
30,249	28,863		28,254	28,560	25%
27,042	26,504		25,959	25,959	30%
12,943	12,815		12,077	9,345*	-16%**
3,187	2,359		2,295	2,601	-11%
		New Reporting System			

*based on substantiation rate July-Dec 1995 **1991-96

as good news and a sign of improved conditions for kids in Arizona. Based on a deeper exploration of the data, however, this perception is inaccurate.

Screening Methods Change

The decline in reports is due, at least in part, to changes in the method of counting reports. Legislation that took effect in the last quarter of 1993/94 required DES to eliminate duplicate reports from its tracking system.[8] The Department already had procedures in place to remove duplicates, but it is possible that the discussion and enactment of the law prompted a more intensive effort to remove duplicates. If so, this would pull down the number of reports recorded.

In addition, beginning November 1994, DES totally restructured its system for taking reports. Calls used to come into local CPS offices throughout the state. Now all calls are taken by a centralized intake staff located in Phoenix. Each intake worker asks the caller standardized screening questions to determine if the information provided is sufficient to be counted as a report.

The new system is fundamentally different. Therefore, it is not possible to accurately compare the number of incoming reports before fiscal year 1994/95 and after

Uninvestigated Reports

By law, all reports appropriate for investigation should be investigated. To save money, however, it has been a deliberate

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To save money, it has been a deliberate public policy decision for years to leave a portion of child abuse reports uninvestigated. In 1995, more than 2,500 reports were not investigated.

budget decision for years to leave a portion of these reports uninvestigated. In 1989/90, 13% of the reports were never investigated. Table 12 shows that over the years, the Legislature has appropriated funds to hire additional investigators. By 1994/95, 8% of reports were not investigated. The increase in the investigation rate is certainly an improvement. Unfortunately, DES projects a slight decline in this rate this fiscal year. And more than 2,500 reports involving an estimated 4,250 children this year will never be investigated. We have no way to know what danger those children are in — unless the problem escalates to a point where it cannot be ignored.

Substantiated Cases

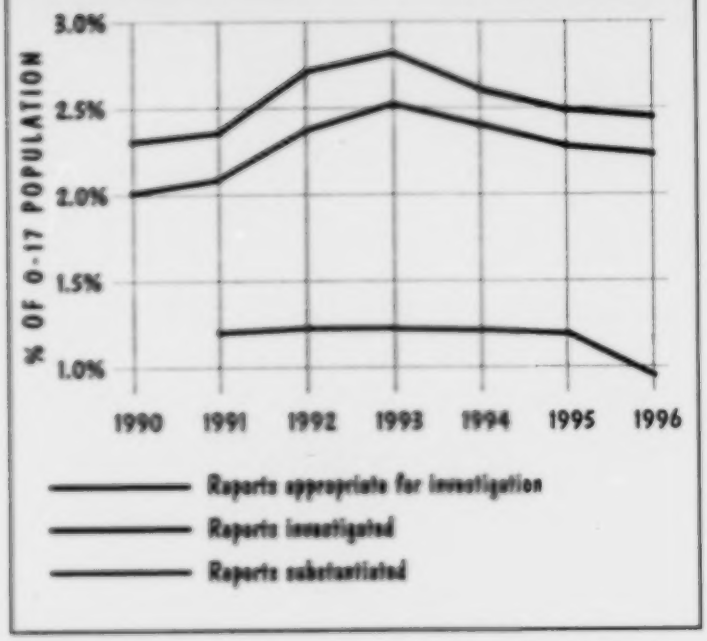
When an investigation finds that abuse or neglect has occurred, it is called a "substantiated report" or a "valid finding" of abuse or neglect. These numbers send us mixed signals about the incidence of child abuse and neglect in Arizona.

Substantiated cases of abuse and neglect as a percentage of the child population in Arizona have been falling since 1991/92 (see Table 13).

In addition, the portion of cases investigated where abuse or neglect was validated has fallen from 52% in 1990/91 to

13. CHILD ABUSE REPORTS

as % of 0-17 population



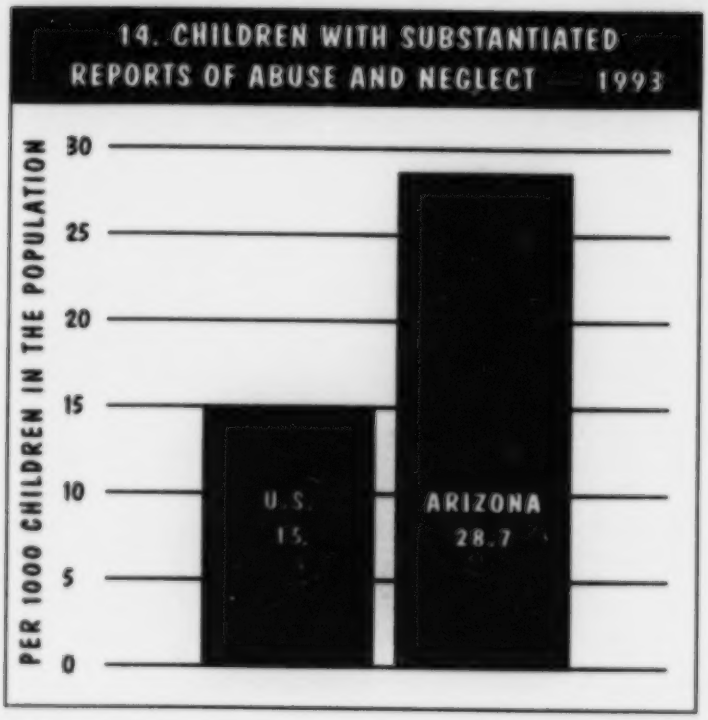
36% in 1995/96. This seems to indicate a reduction in abuse and neglect in our communities.

Substantial anecdotal evidence, however, conflicts with this conclusion, raising many questions about the interpretation of these data. Can we accurately compare rates of substantiated abuse and neglect before and after the redesign of Arizona's intake system? Have standards changed so that what would have been considered abuse five years ago isn't considered abuse today? Do investigators consciously or subconsciously conclude no abuse or neglect exists because they know they lack the resources to help families when abuse is found?

How can child abuse be declining when the circumstances linked to abuse are increasing? Research studies consistently link child abuse and neglect to a number of identified factors including poverty, homelessness, intergenerational patterns of abusive/neglectful behavior, domestic violence, substance abuse, poor parenting skills and coping abilities, and mental health problems.[1]

The number of reports of abuse and neglect doesn't tell the whole story. How can child abuse be declining when the circumstances linked to abuse are increasing at record rates?

We know that economic pressures on families are increasing. Social service workers throughout our state report growing demand for their services and growing severity of family problems. It is probable, then, that the decline in substantiated child abuse and neglect cases is an artifact



of our reporting system rather than a reflection of a true decline in abuse and neglect.

The occurrence of abuse and neglect may be worse in Arizona than the problem around the nation.

In 1993, Arizona ranked fifth in the nation in the rate of children with substantiated reports of abuse and neglect — with a rate almost twice the national average[9] (see Table 14). How should this statistic be interpreted? Some of the difference may be explained by different investigation methods and different definitions of abuse and neglect between the states. But a difference this large is likely to reflect greater rates or more serious cases of actual abuse and neglect in Arizona.

MEASURING SUCCESS

It is clear that we cannot conclude that the system is working based on declines in the number of reports and increases in the investigation rate. We can use, with greater meaning, three criteria to measure success or failure:

1 the system's ability to strengthen troubled families;
2 the system's ability to ensure the safety and protection of children from abuse and neglect; and
3 the system's ability to provide a permanent home for those children who must be removed from their family.

There are many signs of failure when we examine our record on these criteria. We are not succeeding in providing support to troubled families early on, we are not adequately ensuring the safety of children who have been abused or

neglected, and, when children must be removed, we are not providing safe, permanent homes in a timely manner.

Little Help for Troubled Families

System Screens Families Out

The CPS system screens out many situations where families really need help. Professionals who work with children on a regular basis such as teachers and pediatricians are required by law to report suspected cases of abuse and neglect.

Between July and November 1995, an average of more than 1,000 calls a month from these mandated reporters were rejected because they didn't meet the criteria for a report.[11] In the judgement of a professional, a child was threatened with harm, yet the intake system did not even record a report.

"Phone intake workers refuse to accept cases when the caretaker said they would protect the child from future abuse. I feel that without an investigation, it is not possible for one to know if indeed the mother will protect the child from future episodes of abuse. Too often I have seen children sent home based upon promises by a mother only to return to our emergency room dead on arrival — because of further abuse."

Dr. Mary Rimsza
Maricopa County Medical Center

There are some striking examples of cases that would never have been looked into if the people reporting them didn't make repeated efforts well beyond the intake office at DES. Examples include a pediatrician who reported a child at serious risk due to medical neglect, a pediatrician reporting multiple incidents of sexual abuse but the mother claimed she would protect the child in the future, and a shelter director reporting several siblings 14 years old and younger abandoned by their mother.[12] Without any investigation or even any questions asked, it would be impossible to know if these children were safe.

Many Families Who "Screen In" Don't Get Help

Even some families who "screen in" to the CPS system don't get help of any kind. A random sample of cases reviewed in 1994 revealed that more than two-thirds of substantiated cases of abuse or neglect were closed immediately after investigation — no foster care, no counseling, no continued monitoring of the family.[13] The figures in 1995 weren't much different: 62% of the cases with a valid finding of abuse or neglect from July through December of 1995 were closed immediately after investigation.[14]

In some of these cases, the family was simply referred to short-term services outside the Child Protective Services system (such as child care subsidies). In other cases, families refused help offered by CPS. In all of the cases that were closed, CPS determined that there was no imminent risk of abuse or neglect to the children in the home. But that doesn't mean there

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weren't problems. Most of the families were struggling. We know that without some help, families who are struggling often become overwhelmed. And when families cannot cope, serious and dangerous things can happen.

In 1995, almost two-thirds of the cases where investigators documented child abuse or neglect were closed by DES immediately after investigation with no further assistance.

Despite the definition of protective services in state law (A.R.S. 8-546 Paragraph A, subparagraph 7) that includes "reaching out with social services to stabilize family life, and to preserve the family unit," we have no such system in Arizona. Contrary to the statutory definition, the CPS system is reserved for families whose problems have festered into chronic and crisis proportions. Families who receive services in their home following an investigation have had an average of four reports of abuse or neglect. Families whose children are placed in foster care have had an average of seven reports prior to placement.[15]

In 1995, more than one in seven of the children placed in foster care were separated from their families because they lacked basic necessities — food, clothing, shelter, and supervision.[16] With a little help and support, many of these children could have had families instead of traumatic separations and devastating poverty. It is far less costly to taxpayers to help families stay together with services and supports than to remove a child from his or her family.

No Guarantee of Safety

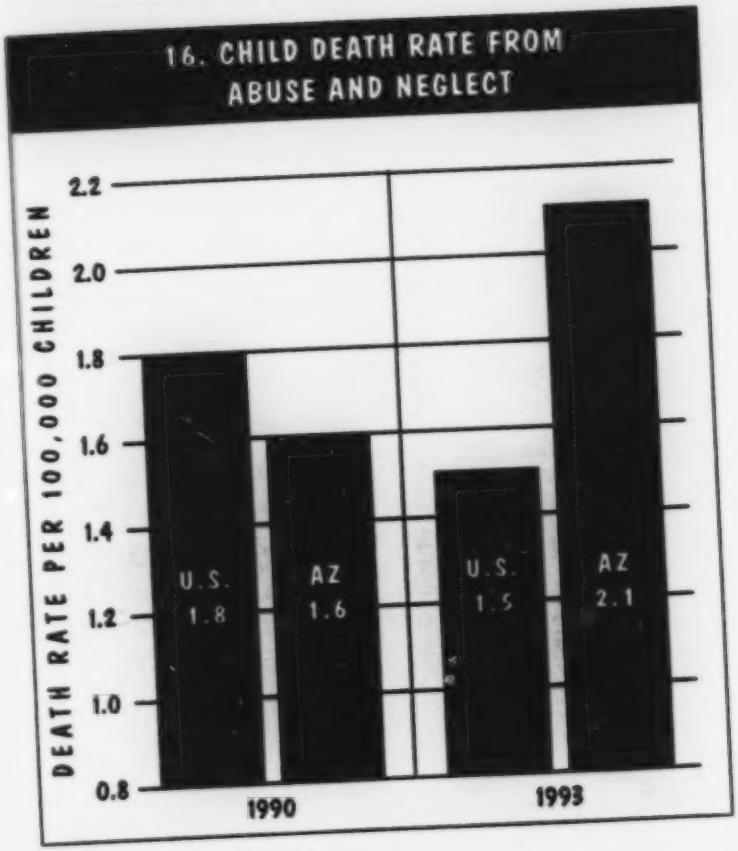
Evidence shows that our system is not working to protect children from harm. The most extreme measure of lack of safety is the death of a child. Arizona's record on child deaths is alarming.

When child abuse is suspected as the cause of a child's death, this fact is supposed to be reported to CPS. Table 15 shows that the reported number of deaths where DES finds abuse or neglect was a contributing factor has increased dramatically since 1990, with a doubling between 1992 and 1993.

In 1990, the rate of child deaths related to abuse and neglect in Arizona was below the national average. Tragically, by 1993, the Arizona rate had grown to 40% above the national average[17] (see Table 16).

15. CHILD DEATHS FROM ABUSE AND NEGLECT

	1990	1991	1992	1993	1994	1995
Child deaths	10	7	12	24	23	27



Warning Signs Ignored

The high rate of overall child deaths in Arizona prompted the Governor and Legislature to establish the State Child Fatality Review Team. The mission of the Review Team is to examine the circumstances surrounding individual child deaths, to analyze the causes and trends, and to make recommendations to reduce the number of preventable deaths.

To date, the Child Fatality Review Team has reviewed 611 child deaths that occurred in 1994 and 1995. Fifteen of these deaths were attributable to child abuse. In two of these cases, the deaths had originally been attributed to unintentional injuries. This tells us that our records of deaths due to abuse underestimate the actual number.[18]

The data give us another warning signal that is even more frightening. The Child Fatality Review Team process collected information on the past involvement of the dead children

A broken collar bone, a drug overdose, chemicals in his eyes, locked outside at night, a dislocated shoulder, eye and ear injuries, head injuries, repeated urgent warnings from doctors and day care workers...it is a chilling record well known to state child protection officials who allowed the five-year-old little boy to stay with his abusive family. Now Donovan Hendrix is dead and his father's girlfriend is accused of murder.

Tucson Citizen
May 3, 1996

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and their siblings in the CPS system. Of the 15 deaths due to abuse, 10 of the families had been referred to CPS at some point in the past. In 6 of these 10 cases, CPS closed the case before the child's death.

In addition, the Child Fatality Review Team reviewed cases of 28 children who were murdered —where the murder was not classified as child abuse. Of these, 11 (39%) of the children or their families were known to CPS.[19] Of all the child deaths due to any cause (where historical information was available), 18% had prior involvement with the CPS system.

An examination of individual cases may show there was nothing CPS should have done differently to prevent these deaths. But these numbers tell us that families reported to CPS have a variety of problems and risk factors. Even if abuse or neglect is not confirmed, the safety of children involved should be ensured and the families should be given the attention and help they need to become more stable. Without attention and help, the problems can worsen and ultimately lead to the death of a child.

Deaths in Foster Care

Foster care (with foster families, residential or group homes) is designed to protect the safety of children who have been abused or neglected by their families. The vast majority of foster parents are loving, nurturing people who do their utmost to care for their foster children. But, tragically, there are a small number of foster families who inflict even more abuse on these vulnerable children. A well-functioning child welfare system must identify and remove the few foster families who pose a treat to the children in their care.

Since 1989/90, twenty-nine children have died while in foster care. Seventeen of these deaths were due to natural causes.[20] The other twelve deaths of children in foster care may have been preventable (see Table 17).

The deaths of China Davis and Tajuana Davidson, each killed by foster parents in a one-month period, prompted DES to conduct a review of the cases of all the children in foster care to examine their safety. The December 1993 review found that 33% of the foster care homes and facilities had no documentation that they had been screened for past reports of abuse and neglect. Forty-three children were living in foster homes or facilities with validated allegations of abuse or neglect.[21]

Lack of Permanency

Research consistently indicates that children do best when they live with stable, caring adults. When the biological family cannot provide continuity and stability, out-of-home care (foster care) is clearly necessary. But the time it takes to place that child in a safe, permanent home can make the difference in whether or not that child develops into a responsible, con-

17. DEATHS OF CHILDREN IN FOSTER CARE: 1990-1995 NOT DUE TO NATURAL CAUSES

4 SUICIDES
Donna Sahady, age 15
Jason Roffner, age 12
Heidie Ehmke, age 14
Victor Robles, age 15

2 DROWNINGS
Steve Rezabek, age 8 months
Skyler Palta, age 3

2 HEAT STROKE/EXPOSURE
Jaime Young, age 13
Robert Pakan, age 3 months

3 PHYSICAL ABUSE
China Marie Davis, age 2
Tajuana Davidson, age 4
Juan Santillana, age 3

1 SUFFOCATION
Kyle Kingsley, age 11

tributing adult.[22] A decision should be made about a child's future within 12 months of living in temporary care.[23]

About one third of the kids in foster care at any one time have already been in foster care for more than two years.

In reality, however, once children become part of the foster care system, we are not able to ensure that they get to permanent homes within a reasonable time frame. The study of all the children in foster care in December 1993 found that 45% had been living apart from their families for more than two years.[24] DES reports for the first half of 1995/96 appear to show some improvement, with 35% of the children away from their homes for more than two years.[25]

This improvement, however, is an illusion. As more children enter foster care each year, we can expect a greater percentage at any one point in time to have been in care for less than 2 years — simply because the pool is newer, more have just entered. In fact, the percentage in care for less than two years should be higher than it is, given the dramatic increase in the number of children entering care.[26]

With available data, we have no way of knowing how many years these children ultimately will be away from home before finding a permanent family. What we do know is that almost a third of the kids in care at any one time have already been there for more than two years. Too many children have no permanent family for far too long.

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Children Bounced from Home to Home

In addition to taking too long to get permanent homes, children are too often bounced around in the interim. In November 1995, 30% of the children in foster care had already been in two different foster homes. Another 26% had already had three or more different foster homes (see Chart 18).[27] Although some moves cannot be avoided, each move has the potential of robbing a child of a sense of stability, provided by a familiar neighborhood, school, and family and community supports.

Even children who return to their families within one year of being placed in foster care do not have the security of permanency. One in five children who get out of the foster care system within the first year of care end up bouncing back into the system before that year is out.[28]

"If the goal is to get children into a permanent home as soon as possible, we have put up every roadblock in the world to stop that -- legal, procedure, lack of services, inappropriate services."

Adoption Supervisor 22 years experience

Signs of Failure

It is clear that, by the measures of strengthening troubled families, ensuring safety and pursuing permanency, our state system is failing. In fact, the evidence points toward a narrowing of the system at a time when data on risk factors that lead to child abuse and neglect would suggest that we do otherwise. The question that remains is "why?"

18. NUMBER OF FOSTER CARE PLACEMENTS
November 1995

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AN OVERWHELMED SYSTEM

The child protection system is being narrowed rather than broadened for one very simple reason: the system is overwhelmed.

More Children in Foster Care

Arizona is experiencing extraordinary growth in the number of children needing foster care, shown in Table 19. In both 1990 and 1993, Arizona had few children living out of home compared to other states.[29] But we seem to be catching up. While the number of substantiated reports of abuse and neglect rose by 8% between 1990/91 and 1994/95, the number of children in foster care increased by 30%. The net number of new foster care placements (the number opened less the number closed) more than doubled between calendar year 1994 and 1995.

This increase in the number of children entering foster care has had a crushing effect on the foster care system. Shelter options, group homes, foster families, and DES staff workloads are all bursting at the seams.

The resources to recruit, support, and retain foster parents have simply not kept up. Foster care reimbursement rates were 10 to 18% below the national average in 1994 (depending on the age of the child).[30] Fortunately, that changed in fiscal year 1995/96, with a $100 per month per child reimbursement rate increase. But Arizona still has miles to go and promises to keep when it comes to supporting our foster parents.

The underpayment is a minor irritant on the list of concerns of foster parents. Much more troublesome is the lack of emotional and practical support they get to help nurture the struggling children in their care. Many foster parents describe tremendous frustration as decisions are made about their foster children without their input and advice — despite the fact that they may understand better than anyone the challenges and needs of their foster children. They speak about children being sent back to biological parents before family crises are addressed and before their safety can be ensured.

Foster parents and caseworkers also tell heartbreaking stories about not being able to get the counseling and other services that foster children so desperately need. The barriers to providing children with behavioral health services are particularly great. The process to obtain services through the Regional Behavioral Health Authorities can be time consum-

"We have more than 100 children a week waiting (in temporary shelters) for foster home placements. And we need good foster families. We not only need to recruit and train, but to retain these families. Unfortunately we put a lot of time and energy into recruiting and training them and then the system chews them up and spits them out sometimes. Some changes need to be made"

Former foster parent, 15 years

19. ARIZONA CHILDREN IN FOSTER CARE

	1990	1991	1992	1993	1994	1995	1996	% Change 1992-96
Children in foster care	3,774	3,747	3,824	4,008	4,082	4,057	5,477	43%
# of licensed foster homes	NA	NA	1,707	1,895	2,085	1,741	1,637	-4%
# of children entering foster care	1,417	1,594	1,418	1,505	1,525	1,823	2,011	41%
# of children leaving foster care	1,107	1,311	1,367	1,220	1,404	1,273	1,338	-2%
# of children in shelters or receiving homes	58	64	110	118	126	236	204	85%

ing and cumbersome. Children may have to wait for weeks or months or may never receive services appropriate to their needs."

> Due to inadequate financial resources, DES has been forced to seek the least restrictive option for kids, not necessarily the best placement. The system is not driven by children's needs."
>
> Darlene Donkowski, Executive Director, Open Inn Shelter

The lack of services for foster children is largely a result of underfunding. Counting the increase in foster care reimbursement rates, state funding per child in foster care dropped 33% between 1989/90 and 1995/96 (adjusting for inflation). In addition to reimbursing foster parents, this money is used to contract for counseling and other services for foster children. Fortunately, there has been

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an increase in federal foster care funds available for this purpose to cushion the impact of the declining state funds. Even with this federal increase, however, the combined total of state and federal funding per child in foster care dropped 9% between 1989/90 and 1995/96.[37]

Shortage of Foster Homes

These circumstances have combined to produce a shortage of foster families. The number of licensed foster care homes dropped from a high of 2,085 in 1993/94 to 1,637 in 1995/96. The availability of licensed foster homes dropped from fewer than one home for every two children in foster care in 1992, to fewer than one home for every three children in 1996. This is not a perfect measure because foster homes may be licensed to care for a number of children at one time and because not all foster homes are appropriate for all foster children. However, the dramatic drop signals a crisis in availability.

There is a serious shortage of foster homes. In 1994, the demand on shelter spaces became so great that children were being placed in 24-hour day care centers and in hospital wards for weeks at a time, waiting for shelters and foster homes to open up.

We have seen the impact of this crisis. Foster Care Review Board data show that the number of foster children living in emergency shelters or "receiving homes" (at the midpoint of the fiscal year) grew from 64 in 1990/91 to 204 in 1995/96. The growth in this number over time tracked the changes in the availability of foster families. The connection is obvious — the lower the availability of foster families, the higher the placement in shelters.

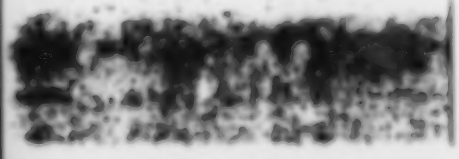
In October 1994, the demand on shelter spaces became so great that children were being placed in 24-hour day care centers and in hospital wards for weeks at a time because there were not enough shelter spaces available.

Emergency shelters are supposed to be used as very brief placements for children before moving them into foster families. Unfortunately, children are staying in emergency shelters for longer periods, without the security or emotional nurturing of family life.

During the first quarter of 1995/96, the average length of stay for children in temporary shelter or receiving homes was 25.3 days — three and a half weeks. Because that is an average, we know that many children are remaining in shelters for far longer. There were 694 children in shelters for 21 days or longer from July through September 1995.[38]

Front Line Workers — Facing Impossible Odds

The growth in the number of children in foster care is putting incredible stress on the capacity of DES to handle the cases. The state appropriated no additional funding to hire more caseworkers from fiscal year 1992 through 1996, despite



Monthly visits by caseworkers is DES policy yet:

*Only 38% of children in foster care are seen monthly

*Only 27% of foster parents are seen monthly

*Only 46% of the biological parents are seen monthly when the plan is to reunite the family

a 43% increase in the number of children in foster care during that time.

An analysis by DES consultants in 1995 reported that caseworker staffing was 35% below what was needed to safeguard children in their custody.[34] Current caseloads at that time were twice the national standard for acceptable levels.[35]

Caseworkers struggle on a daily basis to make responsible decisions about providing services to troubled families and children. With responsibility for too many cases, it is not possible for workers to give children in foster care the attention they need.

It is DES policy for caseworkers to have personal contact with each child in foster care and each foster parent at least once a month. The December 1993 report found, however, only 38% of children in foster care were seeing their caseworker once a month, and only 27% of the foster parents were seeing their caseworker once a month. Without this minimal contact, it is not possible to know and do what's best for kids or to move them into permanent homes.

For foster children with a case plan to return to their homes, it is essential that caseworkers visit the biological parents and that children and parents have monthly contact with each other. How can family relations be improved without contact and help? Yet only 46% of the parents had monthly contact with a caseworker and only 38% of the children in foster care had monthly visits with their parents when the plan was to return children to their homes.[36]

The stress of overwhelming caseloads ultimately leads to high rates of staff attrition. Turnover rates for caseworkers increased from 9% in the first quarter of 1994 to 13% one year later.[37] Add to that wages that, in 1994, were 20% below comparable positions in the state,[38] and it is no wonder that the human infrastructure to care for our children is lacking.

To address these problems, DES requested funding for 147 additional caseworker positions, to be phased in over three years. The Legislature appropriated funding for 37 new positions for fiscal year 1996/97.

MAKING THE SYSTEM WORK

Circumstances don't have to remain this bad. We can help families become stronger and help keep children safer. We can change the way we treat vulnerable families in this state through the following five guiding principles adapted from the W.K. Kellogg Foundation initiative to improve child welfare, Families for Kids Who Wait:

1 Provide services to families before the crisis escalates. Preventing problems before they become crises is the most effective and economical way to help troubled families. By reaching out before a crisis occurs, we can reduce the risk of child abuse and neglect. We can avoid many costly foster care placements that we have watched skyrocket over the past few years. This approach has been proven successful in Arizona. Evaluations of a 1984 child abuse prevention program, and the more recent Healthy Families program have found that 97% of the families who participated showed no evidence of abuse or neglect and a majority of families experienced reduced risk factors. "

Although prevention efforts have been successful, they reach only a fraction of the families who could benefit. As foster care caseloads grew without accompanying resources, the 1984 funding for prevention was absorbed into the budget for foster care and crisis intervention. Many families fall through the cracks until a crisis erupts.

2 Respond to serious cases in the right way and on time. For those families that are reported to CPS for suspected abuse or neglect, the state has an obligation to protect the children involved. This requires having a variety of services available in the community to help families get on track (without inordinate costs or waiting times for families).

In cases where children are not at immediate risk of harm, community agencies can respond most effectively. More resources should be made available —distinct from the CPS budget — for substance abuse treatment, parenting training, basic necessities and counseling.

In cases where children are taken into the care or custody of the state, CPS must be able to draw on an array of services to help prepare the parents for the eventual return of their children, or to prepare children for an alternative, permanent arrangement. For the past five years, the state legislature has funded the Arizona Intensive Family Preservation Program, to help families whose children were at imminent risk of being removed from their homes due to abuse or neglect. Nearly three quarters of the families participating had no subsequent report of abuse or neglect and more than two thirds had reduced risk factors."

"So Mrs. Smith used to be able to take a different child into her home every six months. Now she can only take a different child once every eighteen months because the kids are not being worked through the system..... The workers just don't have the resources to plug the families into to try to make things better. The money isn't there is what it boils down to. If you look at studies of child welfare systems where kids go home quickly, those are the systems where families get plugged into the resources they need up front, early, right away....That doesn't happen in Arizona."

Evelyn Carson, President, Statewide Foster Adoptive Parent Association of Arizona

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3 **Give caseworkers the support they need.** Caseworkers are essential to any child protection system. We must train them and provide the resources necessary to do the job. This means keeping caseloads to manageable levels; adequately compensating workers for the high-stress, high-responsibility work they do; and providing them with the necessary training, technological and human supports (computers, cellular phones, state vehicles, qualified supervisors, community and neighborhood supports) to do their job.

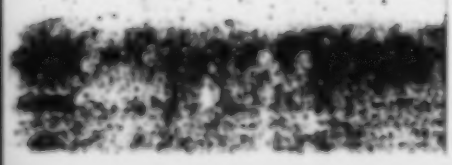
4 **Recruit more foster parents and support and involve the ones we have.** Many children in foster care have intense behavioral and emotional problems. The state must devote adequate resources to the recruitment and retention of foster families who can be trained and supported to care for these children. Every community can be a partner in finding foster families. Foster parents need specialized assistance and support to meet the needs of children in their care. Without support and attention, we will lose more foster families and the shortage will get worse. With the added support of people to listen to and assist foster parents, they can make an even greater contribution to the health and well-being of Arizona's foster children.

5 **Give every waiting child a safe, permanent home before they wait too long.** Caseworkers need time to spend with families. Families need to get a range of services to make them stronger. After services are made available for six months, caseworkers should have the capacity and authority to make a clear decision about whether a child should return to his or her parents or alternative arrangements should be made. Hearings should be held within 12 months to finalize that decision.

The state must provide resources to recruit, support, and retain adoptive families so that children have a place to go when they can't go back home. And we must expand the options for other forms of permanent homes: long-term placement with relatives (kinship care), permanent legal guardianship, and independent living programs for adolescents.

FUTURE THREATS

If congressional proposals to cut federal child protection funding to Arizona by 16% over the next five years are enacted, they will exacerbate the inability of state systems to help families in crisis. At the same time, proposed reductions in federal welfare benefits threaten to subject more and more children



to abuse and neglect. A continued reluctance by state lawmakers to provide funding that keeps pace with caseloads will starve the system to the point where it will no longer function at all.

These shortsighted budget choices force us into a situation where family support and prevention compete for resources with crisis intervention and foster care. The result of this competition is predictable. By necessity, resources will continue to be used for the most dangerous cases of abuse and neglect.

Without resources for prevention, more families will reach crisis, the system will become more overwhelmed, and the tragic fallout will be more damaged and dead children whose lives should have been spared.

We have everything we need to turn this desperate situation around except the political will. Our actions regarding child abuse and neglect do not fulfill our shared commitment to protect children. It is time to set our priorities straight and bridge the gap between what we do and what we say we want for Arizona's children.

"I've been working with kids in this system for the last 15 years and nothing has gotten better. In fact, things have gotten a lot worse. The system is broken and needs to be fixed, but no one has the political will to do it. What possible good does it do to call for the death penalty of the mother, string up the judge and hang the caseworker? After that's all done, the system will remain how it is."

Chris Fichou,
Executive Director, East Valley Child Crisis Center

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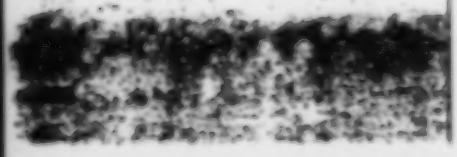

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3. Arizona's Expanding Economy and the Sad Truth for Children

Arizona is the second fastest growing state in the nation.[41] Our unemployment rate is below average. Our job growth, at over 6% during 1994, was surpassed by only two states.[42] State government boasts of a budget surplus of $500 million.[43] We have welcomed the NBA All-Star game, the Super Bowl and hundreds of new and expanding businesses. Yet, by many measures, the condition of Arizona's children is far worse than the rest of the country and continues to decline. What is going on here?

There are three answers.

VULNERABLE FAMILIES

The first reason Arizona's children fare poorly is that family and community structures in Arizona are more vulnerable than most states. In 1993, Arizona had the 7th highest divorce rate.[44] One in five children in Arizona live in a family headed by just one parent, a rate 5% above the national average.[45] Communities in Arizona are characterized by high rates of mobility; in an average year 190,000 people move to the state and another 125,000 leave the state.[46]

Our high level of mobility and large population of transplants often means that our community roots don't go deep. Although many Arizonans contribute to charities, our giving is lower than other areas of the nation. Phoenix ranks 45th among the 50 largest cities in the United States for charitable giving per capita.[47]

LOW WAGES

The second problem that hurts children, nationwide and especially in Arizona, is that economic forces make it difficult to support a family. Wage erosion among low- and middle-income workers means that many working parents cannot lift their families out of poverty. In 1979 one out of eight full-time year-round workers earned too little to lift a family of four out of poverty. By 1994, this statistic had risen to one out of six full-time year round workers.[48]

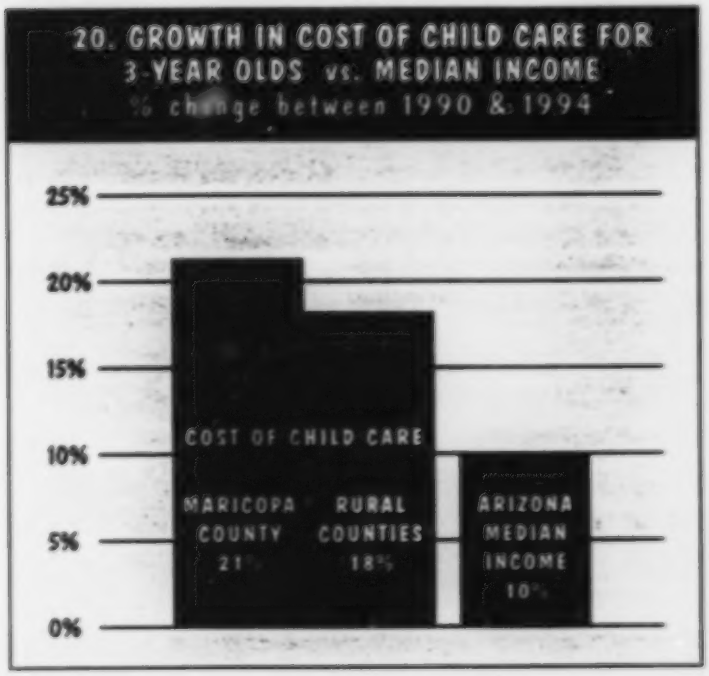
In Arizona in 1989, 14% of the population in which the main wage earner was employed had no health insurance.[47] That same year, 68% of all married-couple families in Arizona living below poverty had at least one or both spouses employed. In 35% of these families, one or both spouses worked full-time for the entire year.[48]

Families are less stable in Arizona. We have the 7th highest divorce rate and the number of kids in single parent families is 5% above the national average. Our mobility is greater than average and our wages are lower than average.

The bottom line is that wages for working people buy less than they used to. Between 1980 and 1994, inflation adjusted hourly wages dropped by 10%.[51] Disposable incomes of minimum wage workers with children are lower than they used to be. An analysis by the Department of Health and Human Services shows that the disposable income of a single mother with two children working full time at minimum wage fell 13% between 1972 and 1995.[52]

And incomes in Arizona are below the national average. Average personal income in Arizona in 1994 was $19,153 per person, $2,546 below the national average, ranking Arizona 37th in the nation.[53] One of the reasons for our low ranking is that the average annual wage level in Arizona is 9% below the U.S. average.[54]

For the U.S. as a whole, the gap in income between the rich and the poor has been growing steadily for the last 25 years. The latest statistics reveal that the top fifth of our population receive half of all the income, while the lowest fifth, a group of exactly the same number of people, receives only 4% of all the income.[55] The income gap exists in Arizona too. The 20% of



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households filing income taxes who have over $50,000 a year in federal adjusted gross income received well over half of all income reported by Arizona taxpayers.[36]

This disparity in wealth has a dramatic effect on working families. For instance, in 1993, poor families who paid for child care spent almost 18% of their income on child care compared with 7% of income spent on child care by nonpoor families.[37] As shown in Table 20, child care costs increased by 13% to 20% in Arizona between 1990 and 1994.[38] (depending on the age of the child and the area of the state), but median income rose by only 10%.[39] Many working families cannot find affordable housing. 1996 data from the U.S. Departments of Labor and Housing and Urban Development show that the lowest available rents in Arizona consume three-quarters of a minimum wage worker's income. This ranks Arizona 10th worst in housing affordability.[40]

While the vast majority of low-income families in Arizona are law-abiding citizens taking good care of their children, the fact is that poverty matters. Voluminous research over many years identifies poverty as a consistent predictor of illness, violent behavior, and child abuse and neglect.[41] Poverty places overwhelming stress on families that is sometimes too much to bear. Poverty can make it physically impossible for parents to meet their children's needs, and this condition creates even more stress and anger.

CHILDREN ARE A LOW PUBLIC PRIORITY

The third problem for Arizona children is that, as a state, we have not been paying attention to our children. Because our families and communities are more vulnerable than average, and because wages are lower than average, making Arizona's kids count requires extra energy and commitment. Helping kids grow up safely, in good health, and with job skills for the future requires resources. Yet the state tax dollars we spend have been dropping, not rising, as our economy expands.

Children are a low budget priority in Arizona. Our state and local governments spend 43% less per person than the national average for public health and 17% less for families in need. At the same time, we spend 8% more than the national average on highways, 18% more for police, and 15% more for prisons.

Adjusting for inflation, our financial commitment to helping poor, working parents pay for child care, taking care of children in foster care, and helping youth in trouble with the courts has fallen by significant margins (see Table 21).

Arizona makes a much smaller commitment to strengthening families than do other states. In 1992, state and local governments in Arizona spent 43% less per person than the national average for public health and 17% less than the national average per person for assistance to people in need. At the same time, we spent 8% more per person than the average for highways, 18% more for police, and 15% more

for prisons.[62] In 1994, Arizona's education operating expenditures per student were 26% below the U.S. average.[63]

State government is the vehicle we use to fulfill our collective responsibility to our future. And that responsibility is growing. The U.S. Congress continues to debate elimination of our national safety net and devolution of numerous social services to the states — with far less funding.

21. SELECTED CHILDREN'S BUDGETS IN THE 1990'S

	FY 1989-90	FY 1995-96	Change from FY90 to FY96
State child care subsidies	Subsidy rates cover 80% of median cost of child care	Subsidy rates cover 66% of median cost of child care	-14% coverage
General Fund resources per child in foster care (Children's Services line item)	$9,946	$6,639	-33%
Superior Court juvenile treatment, budget per referral	$393	$341	-13.2%
Juvenile Corrections budget per juvenile	$33,671	$31,223	-7.3%
K-12 general fund budget per student	$2,440	$2,553	+4.6%
AFDC payment for mother and two children	$4,275 for a year ($356 per month)	$4,164 for a year ($347 per month)	-2.6% change in benefit levels

Dollar amounts have been adjusted to FY 1995/96 dollars using the U.S. Consumer Price Index: FY91 5.4% FY92 3.2% FY93 3.1% FY94 2.7% FY95 2.8% FY96 2.7% = 21.6%

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As the second fastest growing state in the nation, Arizona will be one of the biggest losers in any block grant scheme. If existing funding levels are locked in over time, funding in Arizona will fall further and further behind what is needed for our population. Over the past several years, Arizona has received more and more federal funds due to our growing population and our relatively high poverty rate. These increasing federal funds have allowed some services to continue or expand despite large reductions in state taxes. That cushion will be removed.

When federal programs are erased and federal rules eliminated so that states can have more flexibility, it will be up to us right here in Arizona to cope with homelessness and hunger, abuse and neglect, poverty and lack of job skills. It is time to prepare ourselves for the challenge.

4. Turning Promise into Practice

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Whether as a family or as a state, the measure of our success is how our children are doing. Based on the data in this report, Arizona is headed in the wrong direction.

Some might look at these data, shake their heads, and give up. Too many problems to fix, too many needs to fill. And besides, there's not much we taxpayers can do — it's up to kids and parents to pull themselves up and local charities need to help. This argument is faulty for at least three reasons.

First, few families have made it on their own. Most of us have leaned on someone else's shoulders — parents, teachers, coaches, clergy, scout leaders, and others. Too many children today simply don't have the shoulders of others to lean on. We have to supply them. This is part of the idea of community.

Second, although many of our community-based charities and organizations do magnificent work for kids, they are struggling too. They already have long waiting lists and are being threatened with huge budget cuts. Many receive close to half of their funding from federal, state and local government sources[45], and much of this support may disappear in the current budget cutting atmosphere.

Third, this argument ignores the enormous and unacceptable social and economic costs of doing nothing. They include not only personal tragedies, but also sweeping and expensive ignorance and incompetence, crime and violence, alienation and hatred. And such conditions aren't confined to selected geographic areas. Like a toxin, they poison the environment and do widespread harm in all our communities. We can't build our walls high enough to escape.

Modern times have forced us into incredibly difficult choices. If one believes what the news media and the legislature portray, it would be easy to conclude that we are politically polarized with no sense of direction and no answers to our problems.

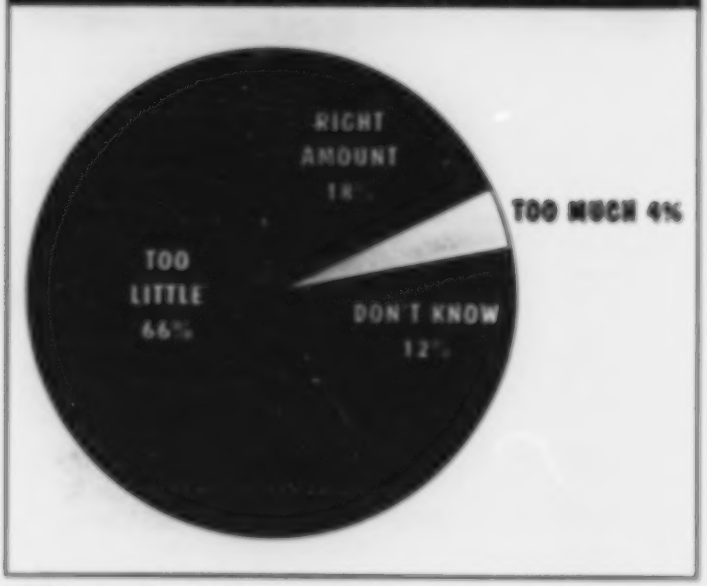
The divergent positions represented in the media and the Legislature, however, are not representative of the broader majority of Arizonans. A surprising degree of consensus was revealed through a public opinion poll conducted last June exploring voters' thoughts on the well-being of Arizona's children.

ARIZONA VOTERS SAY CHILDREN SHOULD BE A TOP PRIORITY

The poll, commissioned by Children's Action Alliance with support from Honeywell, the Valley of the Sun United Way, and concerned citizens, was designed and administered by Democratic pollster Celinda Lake of Lake Research, Inc., and Republican pollster John Deardourff of Bailey, Deardourff & Associates.

The poll revealed deep concern among voters about the state's children. A majority of all voters — Republicans and Democrats, women and men, young parents and seniors — believe the state is not investing enough in our kids' future (see Chart 22). Voters said that government has a critical respon-

22. WHAT AZ VOTERS THINK ABOUT THE AMOUNT STATE GOVERNMENT SPENDS ON KIDS



sibility, together with private charities and businesses, to help every single one of our children achieve a healthy start, a head start and a fair start in life. The poll results uncovered surprisingly deep support for increased funding for education and services to strengthen families, even if it means a tax increase or forgoing a tax cut.

The majority of voters said our elected leaders are not doing enough for kids, and they worried that children are not in the top tier of legislative priorities. They expressed a desire for improvements in government programs for children and more effective use of taxes. When given an opportunity to tell state politicians how to spend their tax dollars, voters strongly indicated a preference for spending money on education, health care, and other basic services for children over lowering either income taxes or property taxes.

"Everyone talks about the need to prevent damaged lives, but there's more rhetoric that meaningful action. Just a few short years ago, the sixteen-year-old thug that today appears before me was a cute four-year-old whose mom was in desperate need of just a little help with child care and parenting. It's not that we don't know how to prevent a lot of misery—we haven't given it the dollars and focused attention. Efforts like Success by 6 can make a real difference for Arizona's future."

John Foreman, Juvenile Court Judge

ACTING ON OUR VALUES

Voters understand that tomorrow's criminal is today's forgotten child. They believe that if we reach out to struggling families when children are young, we can reduce crime. They see a connection between our actions as a community and the well-being of our children. They care and are ready to give substance to valuing families.

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So what do we do? With both our words and our actions we must:

1 **Value children's health.** We should make comprehensive health care coverage a reality for all of our children. From the moment that a child is conceived to the age of self-sufficiency, we should see to it that all of our kids have access to quality preventive care and treatment.

2 **Value children's safety.** We should protect our children from harm within their homes, their schools, and their neighborhoods. We should remove firearms from their environments. We should establish outreach and preventive services to communities under extraordinary stress. For children who must be removed from their homes, we are morally and legally obligated to ensure that their foster care placements are safe, nurturing, and temporary.

3 **Value children's minds.** We should make sure that all of our children are in schools that will allow them to achieve their fullest potential. We should erase the notion that children only learn in school and recognize that learning begins at birth and includes child care, before and after-school programs, summer activities, daily family interactions, and children's relationships with the world.

4 **Value children's goodness.** We should stop preaching moral values we ourselves have not practiced and make sure that hate, intolerance, violence, greed, and selfishness are not extolled. We should challenge the purveyors of messages glorifying drugs, sex, and violence. We should recognize the extent to which we have failed as parents, and as religious, community, and political leaders when children look for meaning outside rather than inside themselves — when they judge success by the kind of cars they drive or by the shoes they wear rather than by the impact of their actions and relationships to others.

5 **Value children's families.** We should address the economic forces in our state and nation that are resulting in an ever-increasing number of hard working parents being unable to lift their families out of poverty. It is children who are bearing the brunt of the economic changes. We should promote welfare policies that result in fewer poor children and more working parents. We should expand access to family planning, education, and job training. And we should encourage and finance communities to take the lead helping families in crisis and strengthening them long before they reach crisis.

None of this will be easy. Turning the tide for Arizona's children will be the toughest moral and political test we will face as a state. But we know what to do.

APPENDIX 1: RATE CHARTS

INDICATOR	BASE POPULATION	1990 RATE	1994 RATE	% RATE CHANGE
Children in poverty	Children 0-17	22.2%	24.2%	9%
CHILDREN RECEIVING PUBLIC SERVICES				
Children in families receiving AFDC	Poor children 0-17	38.3%	50.2%	31%
Children in families receiving food stamps	Poor children 0-17	73.4%	105.1%	43%
Children enrolled in AHCCCS	Poor children 0-18	91.4%	106.2%	16%
Births covered by AHCCCS	Total Births	29.3%	42.4%	45%
Children approved for free and reduced lunches	Students in participating schools	36.1%	43.2%	20%
EARLY CARE AND EDUCATION				
Children getting child care subsidies	Children 0-6	5.1%	5.7%	12%
Women with inadequate prenatal care	Total Births	9.8%	7.4%	-24%
Low Birthweight Infants	Total Births	6.5%	6.8%	5%
Very Low birthweight Infants	Total Births	1.3%	1.0%	-18%
Newborns in Intensive Care	Total Births	4.0%	4.9%	23%

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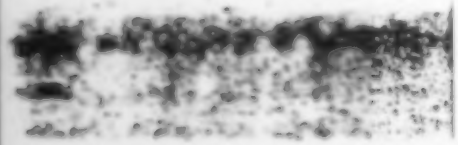

INDICATOR	BASE POPULATION	1990 RATE	1994 RATE	% RATE CHANGE
Two year old children with full immunizations	Children aged 2	46.0%	56.0%	22%
Available federal/state funded preschool slots (1991-94)	Children 3-4	11.4%	15.9%	39%
State-approved child care spaces	Children 0-6	19.8%	25.8%	30%
CHILD HEALTH AND SAFETY				
Children with no health insurance (1989-95)	Children 0-16	13.0%	15.0%	15%
Infant Deaths	Children 0-1	9.4 per 1,000	8.2 per 1,000	-13%
Child Deaths	Children 1-14	33.3 per 100,000	36.7 per 100,000	10%
Firearm-related hospitalizations (1990-92)	Children 0-19	23.8 per 100,000	30.0 per 100,000	26%
Firearm-related Deaths	Children 0-19	5.9 per 100,000	11.1 per 100,000	88%
Child Drownings	Children 0-4	5.7 per 100,000	7.8 per 100,000	37%
Children diagnosed with HIV/AIDS	Children 0-19	1.5 per 100,000	2.1 per 100,000	40%
Sexually transmitted disease	Children 0-19	4.3 per 1,000	3.9 per 1,000	-11%
YOUTH AT RISK				
Adolescent Deaths	Children 15-19	89.8 per 100,000	109.7 per 100,000	22%
Adolescent Deaths Due to Firearms	Children 15-19	20.5 per 100,000	41.6 per 100,000	103%
Adolescent hospitalizations due to firearms (1990-92)	Children 15-19	54.8 per 100,000	72.0 per 100,000	31%
Teen Homicides	Children 15-19	10.7 per 100,000	26.4 per 100,000	147%
Teen Suicides	Children 15-19	16.0 per 100,000	22.4 per 100,000	40%
Births to Teens	Girls 10-17	18.3 per 1,000	19.7 per 1,000	8%
School Drop-Outs (1992-94)	Public School Students Grades 7-12	11%	12%	9%

INDICATOR	BASE POPULATION	1990 RATE	1994 RATE	% RATE CHANGE
JUVENILE CRIME				
Juvenile Arrests	Children 8-17	10.3%	11.2%	9%
Juvenile arrests for violent crimes	Children 8-17	3.7 per 1,000	3.9 per 1,000	6%
Juvenile arrests for drug crimes	Children 8-17	2.4 per 1,000	6.8 per 1,000	178%
Juvenile arrests for curfew/runaway	Children 8-17	19.2 per 1,000	29.5 per 1,000	54%
Juveniles committed to Juvenile Corrections	Children 8-17	1.8 per 1,000	1.6 per 1,000	-8%
Juvenile petitions transferred to adult court	Juvenile petitions filed	1.1%	3.1%	175%
Admissions to detention	Children 8-17	31.4 per 1,000	29.2 per 1,000	-7%
Average juvenile population in secure care (1993-94)	Children 8-17	9.6 per 10,000	8.2 per 10,000	-14%

INDICATOR	BASE POPULATION	1990 RATE	1995 RATE	% RATE CHANGE
CHILD ABUSE AND NEGLECT				
CPS Reports of Child Abuse and Neglect	Children 0-17	3.8%	2.8%	-27%
CPS Reports Appropriate for Investigation	Children 0-17	2.3%	2.5%	8%
CPS Investigation Rate	Reports Appropriate for Investigation	87.3%	91.9%	5%
Substantiated Reports (1991-95)	Reports Investigated	52.4%	46.5%	-11%
Substantiated Reports (1991-95)	Children 0-17	11.0 per 1,000	10.7 per 1,000	-3%
Child deaths reported from abuse and neglect	Children 0-17	1.0 per 100,000	2.4 per 100,000	140%
Children in foster care	Children 0-17	3.4 per 1,000	4.3 per 1,000	26%
Licensed foster homes (1992-95)	Children in foster care	44.6%	35.8%	-20%
Children entering foster care (1991-95)	Substantiated reports	14.2%	15.1%	6%

APPENDIX 2 : ENDNOTES

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APPENDIX 3: DATA NOTES AND SOURCES

Reported Years: All data are reported by state fiscal year unless otherwise noted: 1990 is July 1, 1989 to June 30, 1990 and 1994 is July 1, 1993 to June 30, 1994.

Arizona Child Population: State population figures for all years and all age ranges are from *Population Estimates/Projections 1990 through 1995 Single-Aged Population (0-19) by Sex*, Population Statistics Unit, Department of Economic Security. 1990 population estimates are for July 1, 1990 and 1994 estimates are for July 1, 1994, representing the estimated population at the end of the fiscal year.

American Indian Child Statistics: Many social services for American Indians living on reservations are provided within tribal social services systems, rather than through state agencies. Data in this book for the following indicators do not include information on such services and, therefore, will be an undercount: reports of child abuse and neglect, children in foster care, juvenile arrests, and firearm-related hospitalizations. In addition, education-related indicators do not include American Indians attending Bureau of Indian Affairs schools.

Child Poverty Rate: U.S. child poverty rates are from the Current Population Survey conducted by the U.S. Bureau of the Census: *Income, Poverty and Valuation of Noncash Benefits: 1994, Current Population Reports, Series P60-189*. The Arizona child poverty rates are estimates prepared by Tom Rex, Center for Business Research, Arizona State University. The estimates are derived by using 1989 decennial census figures and adjusting them to reflect subsequent economic and other conditions.

CHILDREN RECEIVING PUBLIC SERVICES

Children in Families Receiving AFDC: The figures presented are averages of the monthly count for FY 1990 and FY 1994 from the *Aid to Families with Dependent Children Statistical Bulletin*, Family Assistance Administration, Department of Economic Security. Data include recipients under the age of 18 who are not heads of household.

Children in Families Receiving Food Stamps: The figures presented are based on averages of the monthly count for FY 1990and FY 1994 from the *Food Stamps Program Statistical Bulletin*, Family Assistance Administration, Department of Economic Security. Recipients under the age of 18 were estimated by applying the percentage of total recipients in November 1993 who were under 18 to the average monthly count of all recipients.

Children Enrolled in AHCCCS (0-18 yrs.): Data were provided by the Arizona Health Care Cost Containment System (AHCCCS) Administration, Policy Analysis and Coordination Research Unit and represent the enrollment as of July 1 of each year. Enrollment increases between 1990 and 1994 were due in part to changes in eligibility: eligibility for infants covered under the Sixth Omnibus Budget Reconciliation Act (SOBRA) increased from 133% of the federal poverty level to 140% of the federal poverty level as of October 1, 1990; the eligibility of infants was extended to 12 months if the mother would still qualify for Title XIX benefits if she were still pregnant as of July 1, 1991; eligibility for children born on or after September 30, 1983 with incomes up to 100% of the federal poverty level was extended from age 7 to age 18 as of July 1, 1991; eligibility was increased from 133% to 140% of the federal poverty level for children 1 to 14 years old as of July 1, 1992.

Births Paid by AHCCCS: Data were provided by Office of Policy Analysis and Coordination, Arizona Health Care Cost Containment System from the *AHCCCS Newborns by Month Report*. Figures represent the total number of births paid for by AHCCCS during the fiscal year. Increases between 1990 and 1994 were due in part to changes in eligibility: the eligibility of pregnant women increased from 100% of the federal poverty level to 133% of the federal poverty level as of April 1, 1990, and to 140% of the federal poverty level as of October 1, 1990.

Children in School Approved for Free/Reduced Lunches (grades K-12): Data for school year 1993-94 were prepared by Arizona Department of Education (ADE), Child Nutrition Programs, *October 1993 Public School Children Approved for Free and Reduced-Price Meals*. 1990 data were prepared by ADE, Research and Development Unit. The indicator represents the number of public school children approved for free or reduced school lunches during February 1990 and October 1993. Students are eligible for reduced-price school lunches if their family income is below 185% of the federal poverty level; they are eligible for free school lunches if their family income is below 130% of the federal poverty level.

Students Identified as Limited English Proficient: Data for academic year 1993/94 were obtained from the Arizona Department of Education, School Finances Unit, from the ADM-46-1 report. Data for 1989/90 come from *Bilingual Programs and English as a Second Language Programs*, Bilingual Education Unit, Arizona Department of Education.

Students Receiving Migrant Services: Data for fiscal years 1993/94 and 1990/91, were provided by Arizona Department of Education (ADE), Migrant Child Education Unit. Totals include children aged 5-17. Services vary by site and can include academic and support services provided in whole or in part with federal Migrant Education Program funds.

Average Number of People Served by WIC: Data are reported by federal fiscal year from the United States Department of Agriculture Food and Nutrition Service. The number of people served includes the average number of pregnant women, infants, and children receiving nutrition counseling and food per month. Data include programs administedred by the Department of Health Services, Navajo Nation, and Inter-tribal Council.

EARLY CARE AND EDUCATION

Women Receiving Inadequate Prenatal Care: These figures include women reporting no visits to a prenatal care provider or 1-4 visits. Data are reported by calendar year from *Arizona Health Status and Vital Statistics 1994*, Office of Health Planning, Evaluation and Statistics, Department of Health Services.

Low Birth-Weight Infants: These figures include babies weighing less than 2,501 grams. Data are reported by calendar year from *Arizona Health Status and Vital Statistics 1994*, Office of Health Planning, Evaluation and Statistics, Department of Health Services.

Very Low Birth-Weight Infants: These figures include babies weighing less than 1,501 grams. Data are reported by calendar year from *Arizona Health Status and Vital Statistics 1994*, Office of Health Planning, Evaluation and Statistics, Department of Health Services.

Newborn Intensive Care: This indicator identifies the number of newborns that were admitted to a Newborn Intensive Care Unit after birth. Data are reported by calendar year from *Arizona Health Status and Vital Statistics 1994*, Office of Health Planning, Evaluation and Statistics, Department of Health Services.

Percentage of 2 year-olds Fully Immunized: Figures represent the percentage of 2-year-old children who had received 4 doses of DTP, 3 doses of OPV, and 1 dose of MMR in 1993 and 1994. Data were collected from medical records of a representative sample of two year old patients in health care organizations. Children with partial immunization records due to a change in health care providers were not considered to be fully immunized, so these percentages may underestimate actual immunization levels. The data include patients in public health clinics, private health care plans, and AHCCCS health plans; the data exclude children served by the Indian Health Service, children not served in any regular health care system, and children in Maricopa County. Data are from the Arizona Department of Health Services and AHCCCS, reported in *Baby Shots Newsletter*, The Arizona Partnership for Infant Immunization, June 1995.

State-Approved Child Care Spaces: Figures represent the number of spaces approved, not the actual number of children served. State approval includes: child care centers licensed by the Department of Health Services, licensed-exempt child care centers that contract with the Department of Economic Security, family child care homes certified by the Department of Economic Security, family child care homes certified as "alternate approval homes" by the Department of Education for participation in the federal Child and Adult Food Program, and day care group homes certified by the Department of Health Services. Data for child care centers and family child care homes come from the *Child Care Local Market Rates Surveys* conducted by the Maricopa County Office of Research and Reporting for the Child Care Administration in the Arizona Department of Economic Security. Figures are from telephone surveys conducted during October/November 1989 and March to June 1994. Data for day care group homes come from the Office of Child Care Licensure, Department of Health Services and represent point-in-time assessments for June 1990 and June 1994.

Children Receiving Child Care Subsidies: Data reported in *Comparison of Total Children Served* memo by the Child Care Administration, Department of Economic Security. Figures include children receiving subsidies through the following state and federally-funded programs: State Day Care Subsidy, Transitional Child Care, JOBS child care, AFDC Employed Child Care, At Risk Child Care, and the Child Care Development Block Grant.

Available Tax-Funded Preschool slots: Figures include Head Start programs (Arizona Head Start, Indian Head Start, and Migrant Head Start) and preschool programs administered through the state Department of Education (Special Education, Migrant Child Education, Chapter 1, Even Start, and the At-Risk Pilot Project). Head Start data for 1993/94 were reported by individual Head Start directors based on their funded enrollment slots as of September 30, 1993. Data for 1990/91 were provided by Ellsworth Associates, *Project Head Start Program Information Reports*.

Special Education preschool data for academic year 1993/94 and 1990/91 were collected as a one-day count on 12/1/93, and 12/1/90. 1993/94 data were from the *Preschool Census Count*, Arizona Department of Education (ADE), Exceptional Student Services (formerly Special Education Section), and data for 1990/91 were provided by ADE School Finance Unit, Year End Enrollment Reports.

There is a degree of overlap between the state special education preschool numbers and Head Start as some children receive both services. In 1992, approximately 4% of special needs children who enrolled in Head Start also enrolled in a state supported special education preschool program.

Migrant Child Education data for both fiscal years 1993/94 and 1990/91 were provided by ADE, Migrant Child Education Unit.

Chapter 1 data for 1993/94 and 1990/91 were provided by the Chapter 1 Unit enrollment applications at the Arizona Department of Education and include home-based and site-based programs.

Even Start data for 1990/91 and 1993/94 were provided by the Chapter 1 Unit enrollment applications at the Arizona Department of Education.

At-Risk Pilot Project data represent enrollment as of 10/28/93 and 5/1/91 and were provided by *At-Risk Preschool Enrollment*, Early Childhood Services at the Arizona Department of Education.

CHILD HEALTH AND SAFETY

Percentage of Children With No Health Insurance: Estimates of the percentage of children with no health insurance come from Louis Harris and Associates surveys for the Flinn Foundation in 1989 and 1995. The estimates cover children 0-16 years old.

Infant Deaths (less than 1), Child Deaths (1-14), and Adolescent Deaths (15-19): Data are reported by calendar year from *Arizona Health Status and Vital Statistics 1994*, Office of Health Planning, Evaluation and Statistics, Department of Health Services.

Firearm-related Hospitalizations: Data are reported for calendar years 1990 and 1992 from *Arizona Child* and *Adolescent Injury Data Book*, Morrison Institute for Public Policy, Arizona State University, May 1994.

Firearm-related Deaths: Data are reported by calendar year as provided by Office of Health Planning, Evaluation and Statistics, Department of Health Services.

Child Drownings: Data are reported by calendar year as provided by Office of Health Planning, Evaluation and Statistics, Department of Health Services.

Reported Cases of Sexually Transmitted Diseases (0-19 yrs.): Data include reported cases of gonorrhea, chlamydia, and early syphilis. Data for calendar year 1990 are from *Frequency of reported cases of Gonorrhea, Chlamydia and early Syphilis by Age and Gender Arizona*, Office of Health Planning, Evaluation and Statistics, Department of Health Services 1993. Calendar year 1994 data is from *Arizona Health Status and Vital Statistics 1994*, Office of Health Planning, Evaluation and Statistics, Department of Health Services.

Diagnosed Cases of HIV Infection/AIDS (0-19yrs.): Data are reported by calendar year from *Arizona Health Status and Vital Statistics 1994*, Office of Health Planning, Evaluation and Statistics, Department of Health Services. Figures include the number of cases diagnosed in each year of AIDS, HIV Ab+Symptomatic and HIV Ab+ Asymptomatic.

YOUTH AT RISK

Birth to Teens (10-17 yrs.): Data are reported by calendar year from *Teen Pregnancy Arizona, 1984-1994*, Office of Health Planning Evaluation and Statistics, Department of Health Services.

Teen Homicides (15-19 yrs.): Data are reported by calendar year from *Arizona Health Status and Vital Statistics 1994*, Office of Health Planning, Evaluation and Statistics, Department of Health Services.

Teen Suicides (15-19 yrs.): Data are reported by calendar year from *Arizona Health Status and Vital Statistics 1994*, Office of Health Planning, Evaluation and Statistics, Department of Health Services.

Teens Dropped Out of School and High School Dropout rate (grades 7-12): Data for academic years 1991/92 and 1993/94 are from *Dropout Rate Study*, Arizona Department of Education. A dropout is a student who was enrolled in a public school at the end of the prior school year or at any time during the current school year who was not enrolled at the end of that school year and whose absence could not be explained by transfer to another school district, graduation, or death.

YOUTH IN THE JUVENILE JUSTICE SYSTEM

Juvenile Arrests: Data are reported by calendar year in *Annual Statistical Crime Review* as part of the Uniform Crime Reporting Program of the Department of Public Safety. The number of arrests in the combinded total arrests of children aged 0-17 for Part I and Part II crimes. Data do not include arrests made by tribal authorities of American Indian youth.

Juvenile Arrests for Violent Crimes: Data are reported by calendar year in *Annual Statistical Crime Review* as part of the Uniform Crime Reporting Program of the Department of Public Safety. The number of arrests for violent crimes includes arrests of children aged 0-17 for murder/nonnegligent manslaughter, forcible rape, robbery, and aggravated assault. Arrests involving multiple charges are categorized by the most severe offense. Data do not include arrests made by tribal authorities of American Indian youth.

Juvenile Arrests for Drug Crimes: Data are reported by calendar year in *Annual Statistical Crime Review* as part of the Uniform Crime Reporting Program of the Department of Public Safety. The number of arrests for drug crimes includes arrests of children aged 0-17 for illegal drug sales, manufacturing, or possession. Arrests involving multiple charges are categorized by the most severe offense. Data do not include arrests made by tribal authorities of American Indian youth.

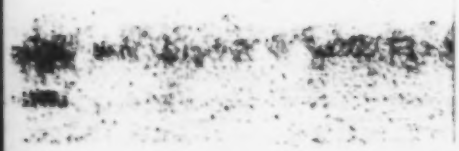
Juvenile Arrests for Runaway and Curfew Violation: Data are reported by calendar year in *Annual Statistical Crime Review* as part of the Uniform Crime Reporting Program of the Department of Public Safety. Data include arrests of children aged 0-17 but do not include arrests made by tribal authorities of American Indian youth.

Admissions to Detention: Data are reported in *The Arizona Courts FY 1990 Data Report* and *Data Report Appellate and General Jurisdiction 1994*, Administrative Office of the Courts. Figures are duplicated counts as a juvenile admitted to detention more than once during the year was counted more than once. Juvenile detention centers are operated by the counties. Detention is used both as a penalty after a court hearing and as a temporary placement for youth awaiting court action.

Juveniles Committed to the Department of Juvenile Corrections: These figures represent the number of new commitments and recommitments (juveniles who completed a sentence and then were recommitted as part of a new sentence) to the custody of the Department of Juvenile Corrections (formerly called Department of Youth Treatment and Rehabilitation). Figures are by calendar year from the Department of Juvenile Corrections. Data do not include juveniles who reenter the system due to parole violations. The accuracy of data prior to March 1995 cannot be insured due to the lack of an automated information management system.

Average Monthly Juvenile Population in Secure Care: Figures are from the Department of Juvenile Corrections and include all secure care facilities in use during each year. The FY 1993 figures include the average monthly population for July 1992 through April 1993; the FY 1994 figures include the average monthly population for the entire fiscal year.

Juvenile Cases Transferred to Adult Court: These figures represent the number of juvenile petitions that are transferred to adult court. The figures come from *The Arizona Courts FY 1990 Data Report* and *Data Report Appellate and General Jurisdiction 1994*, Administrative Office of the Courts.



CHILD ABUSE AND NEGLECT

CPS Reports of Child Abuse and Neglect: Data were provided by DES, Administration for Children, Youth and Families. Figures represent reports taken by the Child Protective Services Central Registry involving children 0-17 years old. The indicator approximates an unduplicated count of all reports taken, but does not provide information about the number of suspected child victims involved in the reports. On November 7, 1994, DES instituted a revised definition of a CPS report and began to phase in a new centralized reporting procedure. It is expected that the enhanced screening occurring with these changes caused a decrease in the total number of reports taken. There is no way to accurately compare the number of reports before and after these procedural changes.

CPS Reports Needing Investigation/Appropriate for Investigation: Data were provided by DES, Administration for Children, Youth and Families. DES makes the determination of whether a report is appropriate for investigation based on the nature and sufficiency of the information available.

CPS Reports Investigated: Data were provided by DES, Administration for Children, Youth and Families.

CPS Reports Substantiated: Data were provided by DES, Administration for Children, Youth and Families. Figures include the number of cases where an investigation concluded that abuse or neglect had occurred.

Deaths from Abuse and Neglect: Data were provided by DES, Administration for Children, Youth and Families. Figures include child deaths reported to the CPS Central Registry where information available to DES indicates that abuse or neglect was a contributing factor.

Children in Foster Care: Children are placed in foster care by DES when the child is at imminent risk of harm from abuse or neglect or when parents are unable or unwilling to care for them. Children in foster care may live in shelters, homes with foster parents or relatives, group homes, residential treatment centers, or hospitals.

Data included in this report come from annual reports of the State Foster Care Review Board (FCRB), Administrative Office of the Courts. The figures include children in foster care through the DES Administration for Children, Youth and Families and exclude children in foster care through the DES Developmental Disabilities Division. All FCRB figures exclude children placed in care by the Department of Juvenile Corrections, county probation departments, or by families themselves. FCRB data also exclude out-of-home placements made by American Indian social services systems and children placed in child welfare agencies where DES has no role in the child's dependency.

The figures represent the number of children in foster care at a point in time; figures reported during a fiscal year represent the count as of December of that fiscal year, except FY 1995 figures are as of February 1995 and FY 1996 figures are as of November 1995. Cases are reviewed by the FCRB within six months after a child has been in out of home care. Therefore, the figures for children in foster care exclude some children who have been in care for less than six months and are an undercount of the total number of children in foster care.

Number of Children Entering and Leaving Foster Care: Data come from internal activity reports of the State Foster Care Review Board, Administrative Office of the Courts and represent the number of children "activated" and the number of children "dismissed"

from foster care. The figures are cumulative totals as of the midpoint of each fiscal year, except that FY 1996 figures are as of November 1995. The figures include children entering and leaving foster care both through the DES Administration for Children, Youth and Families, and through the DES Developmental Disabilities Division; 93% to 95% of the children in foster care are through ACYF. Cases are reviewed by the FCRB within six months after a child has been in out of home care. Therefore, the figures for children entering foster care exclude some children who have been in care for less than six months and are an undercount of the total number of children entering foster care.

Children in shelters or emergency receiving homes: Data come from annual reports of the State Foster Care Review Board (FCRB), Administrative Office of the Courts. The figures include children in foster care through the DES Administration for Children, Youth and Families and exclude children in foster care through the DES Developmental Disabilities Division. The figures represent the number of children residing in shelters or emergency receiving homes at a point in time; figures reported during a fiscal year represent the count as of December of that fiscal year, except FY 1995 figures are as of February 1995 and FY 1996 figures are as of November 1995. Cases are reviewed by the FCRB within six months after a child has been in out of home care. Therefore, the figures for children in shelters or receiving homes exclude some children who have been in care for less than six months and are an undercount of the total number of children in shelters.

Licensed Foster Homes: Data were provided by Department of Economic Security Administration for Children, Youth, and Families. Figures rerpesent a point-in-time count as of September of each fiscal year.

Children in Foster Care Less Than/More Than 24 Months: Data come from annual reports of the State Foster Care Review Board (FCRB), Administrative Office of the Courts. The figures include children in foster care through the DES Administration for Children, Youth and Families and exclude children in foster care through the DES Developmental Disabilities Division. The figures represent the proportion of children who have been in foster care for less than or more than 24 months consecutively as of a point in time; figures reported during a fiscal year represent the breakdown as of December of that fiscal year, except FY 1995 figures are as of February 1995 and FY 1996 figures are as of November 1995. Cases are reviewed by the FCRB within six months after a child has been in out of home care. Therefore, the figures for children in care less than 24 months exclude some children who have been in care for less than six months and are an undercount of the total number of children in shelters.

Number of Placements in Foster Care: Data come from annual reports of the State Foster Care Review Board (FCRB), Administrative Office of the Courts. The figures include children in foster care through the DES Administration for Children, Youth and Families and exclude children in foster care through the DES Developmental Disabilities Division. The figures represent the proportion of children who have been in one, two, or three or more different foster care placements consecutively as of a point in time; figures reported during a fiscal year represent the breakdown as of December of that fiscal year, except FY 1995 figures are as of February 1995 and FY 1996 figures are as of November 1995. Cases are reviewed by the FCRB within six months after a child has been in out of home care. Therefore, the figures for the number of placements exclude some children who have been in care for less than six months.

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